SECRET

Official Personnel Folder

SECRET

Handle With Care

14-00060

Fox, Jerome
PO Box 593514 AMF
Miami, FL 33159

Rel. in 75

23 February 1977

Mr. Jerome Fox
P.O. Box 593514 AMF
Miami, Florida 33159

Dear Mr. Fox:

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,

/S/

Chief, Control Division

Dist.
Orig. - Addee.
1 - TBG
1 - OP/FOX, Jerome
OP/TBG/PCS/GSmith:jsa(23Feb77)

14-00000

☐ UNCLASSIFIED ☐ INTERNAL USE ONLY ☐ CONFIDENTIAL ☐ SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM: [redacted]

EXTENSION: 5695

NO.

DATE: 02/22/77

TO: (Officer designation, room number, and building)	DATE RECEIVED	DATE FORWARDED	OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
1. OC/TRB				Mr. Jerome Fox P. O. Box 593514 AMF Miami, FL 33159 Dear Mr. Fox Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant tothe Privacy Act of 1974, we have made no response. In accordance ~~in~~ with our policy, the request is mailed to you for any personal attention you wish to give it. Sincerely,
2.				
3.				
4.				
5.				
6.				
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8.				
9.				
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11.				
12.				
13.				
14.				
15.				

FORM 610 ☐ SECRET ☐ CONFIDENTIAL ☐ INTERNAL USE ONLY ☐ UNCLASSIFIED

21 [illegible] 1975

Mr. Jerome Fox

[redacted]

Dear Mr. Fox:

I am happy to send to you, under separate cover, your Agency Retirement Medallion. The Medallion is a tangible form of recognition and appreciation of your service to the Agency. It should serve as a lasting reminder of an honorable career, rewarding associations and the knowledge that you played your part in a vital activity.

Let me, therefore, add my congratulations and wish you the very best for the future.

Sincerely,

[redacted]

Director of Personnel

Executive Registry
75-6135

25 APR 1975

Mr. Jerome Fox
[redacted]

Dear Mr. Fox:

As you bring to a close your active career of service to your country, I join your friends and colleagues in wishing you well in your retirement.

It takes the conscientious efforts of many people to do the important work of this Agency. You leave with the knowledge that you have personally contributed to our success in carrying out our mission. Your faithful and loyal support has measured up to the high ideals and traditions of the Federal service.

May I extend to you my sincere appreciation for the important work you have done.

Sincerely,

W. E. Colby

W. E. Colby
Director

Distribution:
0 - Addressee
1 - OPF

Originator: [redacted]
Director of Personnel

OP/RAD/ROB/[redacted]:jat/3257 (25 April 1975)

14-00000

DL 11 23 MAY 75

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 317374	2. NAME (LAST, FIRST, MIDDLE): FOX, JEROME		
3. NATURE OF PERSONNEL ACTION: RETIREMENT (DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM PSL		4. EFFECTIVE DATE: MO 09 DA 16 YR 75	5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: X V TO V / V TO CP / CP TO V / CP TO CP		7. PAY AND NSLA: 5737 1337 NULL	8. CSC OR OTHER LEGAL AUTHORITY: PL 88-643 SECT 231
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE: OPS. OFFICER		12. POSITION NUMBER: JCOP	13. SERVICE DESIGNATION: DMC
14. CLASSIFICATION SCHEDULE (GS, GR, etc.): GS	15. OCCUPATIONAL SERIES: 0130, 01	16. GRADE AND STEP: 13 6	17. SALARY OR RATE: 23451
18. REMARKS			

SIGNATURE OR OTHER AUTHENTICATION

FORM 1130
5 Feb Aug 75 Use Previous Editions

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 2 MAY 1975

1. SERIAL NUMBER: 017974

2. NAME (Last-First-Middle): FOX, JEROME

3. NATURE OF PERSONNEL ACTION: RETIREMENT - DISABILITY - CIARDS FROM EXTENDED SICK LEAVE

4. EFFECTIVE DATE REQUESTED: 05 | 14 | 75

5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: X

7. PAY AND BASIS: 5237-1392-0000

8. LEGAL AUTHORITY (Completed by Office of Personnel): Public Law 88-643, Section 231

9. ORGANIZATIONAL DESIGNATIONS: DDO/EA DIVISION DEVELOPMENT COMPLEMENT

10. LOCATION OF OFFICIAL STATION: WASHINGTON, D.C.

11. POSITION TITLE: OPS OFFICER

12. POSITION NUMBER: DCOF

13. CAREER SERVICE DESIGNATION: DMG

14. CLASSIFICATION SCHEDULE (GS, F.S., etc.): GS

15. OCCUPATIONAL SERIES: 0136.01

16. GRADE AND STEP: 13/6

17. SALARY OR RATE: $ 25,451

18. REMARKS:

LWD: 6 SEPTEMBER 1974

Co-ordinated with [redacted]/ROB 22 May 1975.

CMG/MSB [redacted] 5-2-75

ROB

[redacted] DATE SIGNED 5/05/75

MICHAEL PAVELAK, CEA/BEPS

[redacted] OFFICER DATE SIGNED 6 May 75

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

100 DATA

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 3 September 1974

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): Fox, Jerome
3. NATURE OF PERSONNEL ACTION: Extended Sick Leave Pending Disability Retirement NTE: 14 MAY 75
4. EFFECTIVE DATE REQUESTED: MONTH 09 DAY 08 YEAR 74
5. CATEGORY OF EMPLOYMENT: Regular
6. FUNDS: X
7. FAM AND NOCA: 5237-1392 0000
8. LEGAL AUTHORITY (Completed by Office of Personnel):
9. ORGANIZATIONAL DESIGNATIONS: DDO/EA Division Development Complement
10. LOCATION OF OFFICIAL STATION: Wash., D. C.
11. POSITION TITLE: Ops Officer
12. POSITION NUMBER: 9997
13. CAREER SERVICE DESIGNATION: DMG
14. CLASSIFICATION SCHEDULE (G.S., L.B., etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 13 6
17. SALARY OR RATE: $ 21,122
18. REMARKS:

LWD: 6 September 1974

HB: EA

Pending Disability Retirement

Reassigned from DDO/EA [redacted] Position 4408 [redacted]

*OTHER

12. [redacted] DATE SIGNED 9/04/74
Raphael Pavlynk CEA/Pers
13. [redacted] OFFICER DATE SIGNED 6 Sept 74
CMG/[illegible] 13

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

F-42

EOD DATA

DATE APPROVED

SECRET

SUMMARY OF AGENCY EMPLOYMENT

Mr. Jerome Fox

1955-1962: Economic Analyst - Conducted research and analysis including statistical studies of Sino-Soviet Bloc production of military equipment and related materials.

[redacted]

1963-1974: Intelligence Operations Officer - Served in various staff, supervisory and liaison capacities on U.S. and Asian area assignments. Was primarily concerned with the collection, evaluation and reporting of high priority intelligence of national interest including economic, political, social and military aspects of nations where assigned. [redacted]

Supervised a staff [redacted] and provided guidance and assistance to colleagues involved in similar activities. At various times was responsible for the staffing, budgeting and management of major programs and projects.

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 9 September 1974

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): Fox, Jerome
3. NATURE OF PERSONNEL ACTION: Reassignment
4. EFFECTIVE DATE REQUESTED: MONTH 09 DAY 05 YEAR 74
5. CATEGORY OF EMPLOYMENT: Regular
6. FUNDS: X V TO V; V TO O; O TO V; O TO O
7. FAN AND NSCA: 5237-1392 0000
8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS: DDO/EA Division Development Complement
10. LOCATION OF OFFICIAL STATION: Washington, D.C.
11. POSITION TITLE: Ops Officer
12. POSITION NUMBER: 9997
13. CAREER SERVICE DESIGNATION: DMG
14. CLASSIFICATION SCHEDULE (GS, LB, etc): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 13 6
17. SALARY OR RATE: $24,122
18. REMARKS

HB:EA

Reassigned from: DDO/EA/JK/K Position #4408

Pending Disability Retirement

OTHER

[redacted] DATE SIGNED: CEA/PERS 09/10/74

[redacted] PROVING OFFICER: CMG/MID DATE SIGNED: 11 Sept 74

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 37
20. EMPLOY. CODE: 18
21. OFFICE CODE: NUMERIC 45711 ALPHABETIC EA
22. STATION CODE: 75013
23. OFFICE CODE
24. HOURS CODE: 1
25. DATE OF BIRTH: [redacted]
26. DATE OF GRADE
27. DATE OF LEI
28. RET. EXPIRES
29. SPECIAL HANDLING
30. RETIREMENT DATA
31. SEPARATION DATA CODE
32. CORRECTION/CORRELATION DATA
EOD DATA
33. SECURITY REQ. NO.
34. LEI
35. VET. PREFERENCE CODE
36. SERV. COMP. DATE
37. LONG. COMP. DATE
38. CAREER CATEGORY
39. FEGLI/HEALTH INSURANCE
40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE
42. LEAVE CAT.
43. FEDERAL TAX DATA
44. STATE TAX DATA
45. POSITION CONTROL CERTIFICATION: CM 9/18/74
46. OF APPROVAL: [redacted]
DATE APPROVED: 9/12/74

FORM 9-77 1152 USE PREVIOUS EDITION

SECRET CLASSIFIED BY 01-0332

6 SEP 1974

MEMORANDUM FOR : Mr. Jerome Fox

THROUGH : Head of D Career Service

SUBJECT : Notification of Approval of Disability Retirement

1. This is to inform you that the Director of Personnel has approved your request for disability retirement under the CIA Retirement and Disability System. On the basis of medical evidence, the Director of Personnel has determined that your disability is of a permanent nature; therefore, no further medical review of your case will be required.

2. Your retirement will become effective 14 May 1975, the expiration date of your accrued sick leave. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative details required to effect your retirement.

Ronald Gage
Chief
Retirement Affairs Division

Distribution:
0 - Addressee
1 - D Career Service
1 - OMS
1 - OPF
1 - ROB Soft File
1 - ROB Reader

OP/RAD/ROB/[redacted]:jat/3257 (5 September 1974)

2 JUL 1974

MEMORANDUM FOR : Chairman, Board of Medical Examiners

SUBJECT : Request for Medical Evaluation - Mr. Jerome Fox

1. Subject, a participant in the CIA Retirement and Disability System, has applied for disability retirement under the provisions of Section 231 of Public Law 88-643, Central Intelligence Agency Retirement Act of 1964 for Certain Employees. It is requested that a medical examination be arranged for Subject and that a written report of the Board of Medical Examiners as prescribed in paragraph f.(4) of HR 20-50 be submitted to the Director of Personnel.

2. Attached are copies of the Supervisor's Statement and the Application for Disability Retirement. The Office of Personnel has been advised by the Office of Medical Services that a private physician's statement has been forwarded directly to them.

3. Mr. Fox will remain on duty pending a decision on his application for retirement.

for R. L. Austin, Jr.
Deputy Director of Personnel
for Special Programs

Attachments:
a. Supervisor's Statement
b. Application

Distribution:
0 & 1 - Addressee
1 - D/Pers
1 - OPF
1 - ROB Soft File
1 - ROB F ider

OP/RAD/ROB/[redacted]jat/3257 (28 June 1974)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 3 JANUARY 1974

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX, JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT
4. EFFECTIVE DATE REQUESTED: MONTH 01 DAY 20 YEAR 74
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: X V TO V; V TO O; O TO V; O TO O
7. FINANCIAL ANALYSIS NO. (CHARGEABLE): 4237-1374-0000
8. LEGAL AUTHORITY (Completed by Office of Personnel):
9. ORGANIZATIONAL DESIGNATIONS: DDO/EAST ASIA DIVISION [redacted]
10. LOCATION OF OFFICIAL STATION: WASHINGTON, D.C.
11. POSITION TITLE: OPS OFFICER
12. POSITION NUMBER: 4024 4480
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 13 6
17. SALARY OR RATE: $24,122
18. REMARKS:

FROM: EA/PMI #4024

[redacted] DATE SIGNED: 1/10/74
EARNEST L. HARDT, CEA/PERS
[redacted] DATE SIGNED: 7 Jan 74

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING (NUMBERS / ALPHABETIC)	22. STATION CODE	23. INTERFILE CODE	24. AUDITS CODE	25. DATE OF BIRTH (MO. DA. YR.)	26. DATE OF GRADE (MO. DA. YR.)	27. DATE OF LD (MO. DA. YR.)
3	10	4500 / EA	7013		1			

28. RTE. EXPIRES (MO. DA. YR.)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1—TSC 2—CSCR 3—FICA 4—FCDS) CODE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.	EOD DATA	33. SECURITY REQ. NO.	34. SEI

35. VET. PREFERENCE CODE (0—NONE 1—5 PT. 2—10 PT.)	36. SCD CODE DATE (MO. DA. YR.)	37. LOOS CODE DATE (MO. DA. YR.)	38. CAREER CATEGORY CAS/SITE PROT. TEMP	CODE	39. FEGLI/HEALTH INSURANCE CODE (0—WAIVER 1—BEO 2—BEO/OPT 3—INELIGIBLE)	HEALTH INS. CODE	40. SOCIAL SECURITY NO.

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE (0—NO PREVIOUS SERVICE 1—FED BASIC RETIREMENT 2—OTHER RETIREMENT (LESS THAN 5 YEARS) 3—OTHER RETIREMENT (MORE THAN 5 YEARS))	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA: FORM EXECUTED (1—TIS 2—WS)	CODE	NO. TAX EXEMPTIONS	44. STATE TAX DATA: FORM EXECUTED (1—TIS 2—WS)	CODE	NO. TAX EXEMP.	STATE CODE

45. POSITION CONTROL CERTIFICATION: WCB 1-8-74

46. C.P. APPROVAL: [redacted]

DATE APPROVED: 1-9-74

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 2 OCTOBER

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX, JEROME

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS

4. EFFECTIVE DATE REQUESTED: MONTH 10 DAY 14 YEAR 73

5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V / V TO O / XX O TO V / O TO O

7. PAY AND INSCA: 4237-1374-0000

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATION: DDO/EA DIVISION [redacted]

10. LOCATION OF OFFICIAL STATION: WASH., D.C.

11. POSITION TITLE: OPS OFFICER (D-13)

12. POSITION NUMBER: 4024

13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS

15. OCCUPATIONAL SERIES: 0136.01

16. GRADE AND STEP: 13 6

17. SALARY OR RATE: 24,132 ~~22,828~~ 22,845

18. REMARKS:

FROM: DDO/EA/PMI/MS/#4939/MANILA, P.I.

[redacted] DATE SIGNED: 10/2/73

ERNEST L. HARDT, C/EA/PERS

[redacted] DATE SIGNED: 10-4-73

SPACES BELOW FOR EXCLUSIVE USE OF PERSONNEL

19. ACTION: 70 20. EMPLOY. CODE: 10 21. OFFICE CODING: NUMERIC 45140 ALPHABETIC EA 7003 22. STATION CODE 23. INTERCOM CODE 24. ROUTING CODE 25. DATE OF BIRTH MO. DA. YR. [redacted] 26. DATE OF GRADE MO. DA. YR. 27. DATE OF LEI MO. DA. YR.

28. NTE EXPIRES MO. DA. YR. 29. SPECIAL REFERENCE 30. RETIREMENT DATA 1—CSRS 2—FERS 3—DOM CODE 31. SEPARATION DATA CODE 32. CORRECTION ... TYPE MO. DA. YR. EOD DATA 33. SECURITY REQ. NO. 34. SEX

35. VET. PREFERENCE CODE 0—NONE 1—5 PT. 2—10 PT. 36. SERV. COMP. DATE MO. DA. YR. 37. LONG. COMP. DATE MO. DA. YR. 38. CAREER CATEGORY CAT/RESV PROV/TEMP 39. FEGLI/HEALTH INSURANCE CODE CODE 1—WAIVER 2—FEGLI/OPT. 3—INELIGIBLE HEALTH INS. CODE 40. SOCIAL SECURITY NO.

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0—NO PREVIOUS SERVICE 1—NO BREAK IN SERVICE 2—BREAK IN SERVICE (LESS THAN 3 YEARS) 3—BREAK IN SERVICE (MORE THAN 3 YEARS) 42. LEAVE CAT CODE 43. FEDERAL TAX DATA FORM EXECUTED CODE 1—YES 2—NO NO. TAX EXEMPTIONS 44. STATE TAX DATA FORM EXECUTED 1—YES 2—NO CODE NO. TAX EXEMP. STATE CODE

45. POSITION CONTROL CERTIFICATION: WRB 10-4-78 [redacted] 46. [redacted] DATE APPROVED: 9 Oct 73

FORM 8-72 1152 USE PREVIOUS EDITION

SECRET CLASSIFIED BY 01-0332 EXEMPT 11-2 / APCIR

14:

ADMINISTRATIVE - INTERNAL USE ONLY

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
FOX, Jerome	[redacted]	74-0194

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 1 July 1973.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
11 Sept 1973	[redacted]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM 1076 USE PREVIOUS EDITION. ADMINISTRATIVE - INTERNAL USE ONLY (4-21-55)

ADMINISTRATIVE - INTERNAL USE ONLY

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
FOX, Jerome	Self	74-0096

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 30 June 1973.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
27 August 1973	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM 1076 SEE PREVIOUS EDITION. ADMINISTRATIVE - INTERNAL USE ONLY

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
FOX, Jerome	SELF	72-0959

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 18 February 1972.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF DSD REPRESENTATIVE
9 May 72	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

76 USE PREVIOUS EDITION SECRET (8-21-55)

SECRET

1-21641

MEMORANDUM FOR: Deputy Director for Plans

THROUGH : Director of Personnel

SUBJECT : Departure Short of Tour and Home Leave - Mr. Jerome Fox

REFERENCE : CSN 20-89, PERSONNEL, 16 April 1971

1. Paragraph four contains a recommendation for your approval.

2. Mr. Jerome Fox is a GS-13 Operations Officer who has been assigned to the [redacted] since 20 May 1969. His current tour will end on 19 May 1971; his request for a second tour after home leave has been approved.

3. Mr. Fox's wife has acrophobia and does not fly. In view of her condition she has been authorized round-trip travel by sea. The Division has authorized Mr. Fox and children to accompany her on the voyage from [redacted] to the U. S.

4. [redacted] advises that the Fox Family can be accommodated on a ship scheduled to sail from [redacted] on 3 May. In order to make the sailing, Mr. Fox would have to depart post before completion of his tour. The Far East Division recommends approval for Mr. Fox to depart [redacted] short of tour for home leave.

William E. Nelson
William E. Nelson
Chief, Far East Division

CONCUR:

Director of Personnel

30 April 1971
Date

The request contained in Paragraph four is APPROVED:

Deputy Director for Plans

3 May 1971
Date

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 18 AUGUST 1970

F 22

1. SERIAL NUMBER: 017774
2. NAME (Last-First-Middle): FOX, JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT
4. EFFECTIVE DATE REQUESTED: 08 | 21 | 70
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V TO V; V TO CF; CF TO V; X CF TO CF
7. FINANCIAL ANALYSIS NO. CHARGEABLE: 1137-1639
8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS: DDP/FE FOREIGN FIELD [redacted]
10. LOCATION OF OFFICIAL STATION: [redacted]
11. POSITION TITLE: OPS. OFFICER (14)
12. POSITION NUMBER: 4945
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 13 4
17. SALARY OR RATE: $ 18,437.
18. REMARKS: FROM: GAME/4947

18A [redacted] DATE SIGNED [redacted] DATE SIGNED 4 AUG 1970

FOR EXCLUSIVE USE

19. ACTION CODE: 37
20. EMPLOY. CODE: 10
21. OFFICE CODING: NUMERIC 4540 ALPHABETIC FE
22. STATION CODE: 57557
23. INTEGRITY CODE
24. NOOTIS CODE: 3
25. DATE OF BIRTH
26. DATE OF GRADE
27. DATE OF LEO
28. NTE EXPIRES
29. SPECIAL REFERENCE
30. RETIREMENT DATA: 1-CSC 2-OPCD 3-FICA 4-NONE; CODE
31. SEPARATION DATA CODE
32. CORRECTION: TYPE
EOD DATA
33. SECURITY REQ. NO.
34. SEX
35. VET PREFERENCE: CODE; 0-NONE 1-5 PT. 2-10 PT.
36. SERV. COMP. DATE
37. LEGS. COMP. DATE
38. CAREER CATEGORY
39. FEGLI HEALTH INSURANCE: CODE; 0-WAIVED 1-YES; HEALTH INS. CODE
40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE: CODE; 0-NO PREVIOUS SERVICE 1-NO PRIOR IN SERVICE 2-RELEASE IN SERVICE (LESS THAN 3 YEARS) 3-RELEASE IN SERVICE (MORE THAN 3 YEARS)
42. LEAVE CAT. CODE
43. FEDERAL TAX DATA: FORM EXECUTED 1-YES 2-NO; CODE; NO. TAX EXEMPTIONS
44. STATE TAX DATA: FORM EXECUTED 1-YES 2-NO; CODE; NO. TAX EXEMPTIONS; STATE CODE
45. POSITION CONTROL CERTIFICATION: 08 21 70
46. O.P. APPROVAL: [redacted]
DATE APPROVED: 08 21 70

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

14 00000

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 18 AUGUST 1970

1. SERIAL NUMBER: 017974

2. NAME (Last-First-Middle): FOX, JEREMIAH

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT

4. EFFECTIVE DATE REQUESTED: MONTH / DAY / YEAR

5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V | V TO CF | CF TO V | X CF TO CF

7. FINANCIAL ANALYSIS NO. CHARGEABLE: 1137-1639

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS:
DDP/FE
FOREIGN FIELD
FE/PHI - UNILATERAL BRANCH

10. LOCATION OF OFFICIAL STATION:

11. POSITION TITLE: OPS. OFFICER

12. POSITION NUMBER: 3-14 4015

13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, FB, etc.): GS

15. OCCUPATIONAL SERIES: 0136.02

16. GRADE AND STEP: 13 4

17. SALARY OR RATE: $ 18,437.

18. REMARKS
FROM: SAIGON/4947

18A. SIGNATURE: [redacted] DATE SIGNED: 18 AUG 1970

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: DATE SIGNED:

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE | 20. EMPLOY. CODE | 21. OFFICE CODE (NUMERIC / ALPHABETIC) | 22. STATION CODE | 23. INTEGRATION CODE | 24. HOURS CODE | 25. DATE OF BIRTH (MO. DA. YR.) | 26. DATE OF GRADE (MO. DA. YR.) | 27. DATE OF EI (MO. DA. YR.)

28. NTE EXPIRES (MO. DA. YR.) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1-CSC 2-FERS 3-FICA 4-NCSR) CODE | 31. SEPARATION DATA CODE | 32. CORRECTION-CANCELLATION DATA TYPE MO. DA. YR. | EOD DATA | 33. SECURITY REQ. NO. | 34. SEX

35. VET. PREFERENCE CODE (0-NONE 1-5 PT 2-10 PT) | 36. SERV. COMP. DATE MO. DA. YR. | 37. RETIR. COMP. DATE MO. DA. YR. | 38. CAREER CATEGORY (TAX DISP. PERT. TEMP) CODE | 39. FEGLI-HEALTH INSURANCE CODE | CODE (0-NONE 1-YES) | HEALTH INS. CODE | 40. SOCIAL SECURITY NO.

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE (0-NO PREVIOUS SERVICE 1-NO RELEASE TO SERVICE 2-RELEASE TO SERVICE (LESS THAN 3 YEARS) 3-RELEASE TO SERVICE (MORE THAN 3 YEARS)) | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA FORM EXECUTED (1-YES 2-NO) CODE NO. TAX EXEMPTIONS | 44. STATE TAX DATA FORM EXECUTED (1-YES 2-NO) CODE NO. TAX EXEMPTIONS STATE CODE

45. POSITION CONTROL CERTIFICATION | 46. O.P. APPROVAL | DATE APPROVED

FORM 1152 USE PREVIOUS EDITION

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(If not filled in)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 14 April 1969

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX, JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT
4. EFFECTIVE DATE REQUESTED: MONTH 05 DAY 02 YEAR 69
5. CATEGORY OF EMPLOYMENT: REGULAR
6. PLACES: V TO V / V TO C / C TO V / XX C TO C
7. FINANCIAL ANALYSIS NO. CHARGEABLE: 9137-1639
8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS: DDP/FE FOREIGN FIELD FE/PMI - [redacted] Liaison Branch
10. LOCATION OF OFFICIAL STATION: [redacted]
11. POSITION TITLE: OPS. OFFICER
12. POSITION NUMBER: 4947
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 13 3
17. SALARY OR RATE: $ 15,369.

18. REMARKS

FROM: DDP/FE PMI/ [redacted] 4024

Mr. Fox [redacted] who is being reassigned.

Home Base: FE

18A. SIGNATURE OF REQUESTING OFFICIAL: [redacted] C/FE Personnel — DATE SIGNED: 29 APR 1969

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [redacted] — DATE SIGNED: 29 Apr 69

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 NATURE CODE: 37 — 20 EMP. CODE — 21 OFFICE TOWN — 22 STATION CODE — 23 INTERAGENCY CODE — 24 REGISTER CODE: 3 — 25 DATE OF BIRTH — 26 DATE OF GRADE — 27 DATE OF EST.

28 EST. EXPIRES — 29 SPECIAL REQUIREMENT — 30 RETIREMENT DATA — 31 SEPARATION DATA CODE — 32 CORRECTED — EOD DATA — 33 SECURITY INVESTIGATION — 34 SEX

35 EST. RETIREMENT — 36 TRAVEL COMP. DATE — 37 LEAVE COMP. DATE — 38 CAREER CATEGORY — 39 FEDERAL HEALTH INSURANCE — 40 FEDERAL RETIREMENT

41 PREVIOUS CIVILIAN NONMILITARY SERVICE — 42 LEAVE CAT. CODE — 43 FEDERAL TAX DATA — 44 STATE TAX DATA

45 POSITION CONTROL CERTIFICATION — 46 O.P. APPROVAL — DATE APPROVED: CH 30 69

CH 29 69

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SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 11 April 1969

F 8

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX, Jerome
3. NATURE OF PERSONNEL ACTION: CONVERSION FROM PSR STATUS
4. EFFECTIVE DATE REQUESTED: MONTH 04 DAY 06 YEAR 69
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FORCE: V TO V / O TO V / V TO O / X O TO O
7. FINANCIAL ANALYSIS NO. CHARGEABLE: 9137-1375
8. LEGAL AUTHORITY (Completed by Office of Personnel):
9. ORGANIZATIONAL DESIGNATIONS: DDP/FE; FE PMI -
10. LOCATION OF OFFICIAL STATION: WASHINGTON, D. C.
11. POSITION TITLE: [redacted] OPS OFFICER (13)
12. POSITION NUMBER: 4024
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): [redacted] GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: [redacted] 13 [redacted] 3
17. SALARY OR RATE: [redacted] $ 15,369
18. REMARKS: Wash, D.C. Vice Dev (FE)

FROM: Same

18A. [redacted] DATE SIGNED: 4/11/69
18B. [redacted] OFFICER: DATE SIGNED: 4/11/69

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. NATURE CODE: 8
20. SUB-NATURE CODE: 10
21. OFFICE CODE: NUMERIC 45140 ALPHABETIC FE
22. STATION CODE: 75013
23. INTENSITY CODE:
24. HOURS CODE:
25. DATE OF BIRTH:
26. DATE OF GRADE:
27. DATE OF LEO:
28. NTE EXPIRES:
29. SPECIAL RENEWAL:
30. RETIREMENT DATE: 1-CSC 2-FICA 3-NONE; CODE:
31. SEPARATION DATA CODE:
32. CLEARANCE: TYPE
33. SECURITY REQ NO.
34. NTE
EOD DATA
35. NTE SUPERVISOR: CODE 1-NONE 2-NTE 3-NTE
36. NTE EXP. DATE
37. LONG EXP. DATE
38. CAREER CATEGORY
39. FEGLI HEALTH INSURANCE
40. SOCIAL SECURITY NO.
LOC EXP. PROV. TERM; CODE; CODE 1-NONE 2-NTE; HEALTH INS. CODE
41. PRIOR FEDERAL GOVERNMENT SERVICE: CODE 1-NO PRIOR SERVICE 2-PRIOR SERVICE (LESS THAN 1 YEAR) 3-PRIOR SERVICE (OVER THAN 1 YEAR)
42. LEAVE CAT. CODE
43. FEDERAL TAX DATA: FORM RECEIVED 1-YES 2-NO; CODE; NO. TAX EXEMPTIONS
44. STATE TAX DATA: FORM RECEIVED 1-YES 2-NO; CODE; NO. TAX EXEMPTIONS; STATE CODE
45. POSITION CONTROL CERTIFICATION: 04-11-69 CSR
46. OP APPROVAL:
DATE APPROVED: 04-11-69

NPA 1112 (Rev. 8-67) PREVIOUS EDITION OBSOLETE

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REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 15 OCTOBER 1968

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX JEROME
3. NATURE OF PERSONNEL ACTION: PROMOTION
4. EFFECTIVE DATE REQUESTED: MONTH 10 DAY 30 YEAR 68
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V TO V / V TO O / O TO V / X / O TO O
7. FINANCIAL ANALYSIS NO CHARGEABLE: 9137 1375
8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATION: DDP/FE FE/PMI - [redacted]
10. LOCATION OF OFFICIAL STATION: WASH., D. C.
11. POSITION TITLE: [redacted] OPS OFFICER (P-13)
12. POSITION NUMBER: 4034
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, FS, etc.): FSR GS
15. OCCUPATIONAL SERIES: 0130.01
16. GRADE AND STEP: 05/5 13/3
17. SALARY OR RATE: $13,930 $16,369
18. REMARKS: FROM: SAME (05-13/6 to 05-13/3)

Caywell Calhoun

1 cy to FE/DAF

18A. SIGNATURE OF REQUESTING OFFICIAL: [redacted] DATE SIGNED: 10/17

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [redacted] DATE SIGNED: 10/24/68

SPACE BELOW FOR EXCLUSIVE USE OF PERSONNEL OFFICE

19. ACTION CODE: 832 20. EMPLOY CODE: 10 21. GRADE CODE: 4044 F1 22. STATION CODE: 7500 23. OFFICE CODE: S 24. BUDGET CODE: 1 [redacted] 25. DATE OF BIRTH 26. DATE OF GRADE 27. DATE OF LEI

28. RIF EXPIRES 29. OFFICIAL PERSONNEL 30. RET-PERMIT DATA 31. OPERATION DATA (CODE) 32. CONTROL CONVERSION DATA TYPE ECO DATA 33. SECURITY REQ 34. SEX

35. RIF PREFERENCE 36. NEW GRADE DATE 37. LOCAL CODE DATE 38. CAREER CATEGORY 39. FEDERAL DATA 40. SOCIAL SECURITY NO.

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE 42. LEAVE CAT CODE 43. FEDERAL TAX DATA 44. STATE TAX DATA

45. POSITION CONTROL OPTIMIZATION 46. OF APPROVAL [redacted] DATE APPROVED

Form 1152 USE PREVIOUS EDITION

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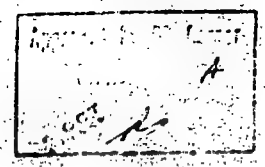
S-E-C-R-E-T



MEMORANDUM FOR: Clandestine Services Career Service Board

SUBJECT : Recommendation for Promotion from GS-12 to GS-13 for Mr. Jerome A. Fox

1. FE Division recommends the promotion of Mr. Jerome A. Fox from GS-12 to GS-13.

2. Mr. Fox first joined the Agency in 1955 in the DDI. He rose rapidly from GS-07 to GS-12 which grade he achieved in March 1961. He spent one overseas tour [redacted] In April 1963 he transferred to the DDP. This action and the adjustments it necessitated have undoubtedly held him back from the normal career advancement to be expected for one of his ability.

3. In the DDP Mr. Fox first served in Vietnam Operations in Headquarters and then from 1964-1966 in Saigon. There he performed effectively in both liaison and unilateral operations [redacted]. He personally recruited several agents and established a successful [redacted] He was first recommended for promotion to GS-13 during his Vietnam tour.

4. In November 1966 Mr. Fox joined FE/PMI, first on the [redacted] He has served as [redacted] Desk and Branch referent for Communist Party Operations, where he proved himself to be an excellent analyst. He has also served as a desk officer handling a variety of projects. He has performed his duties in a consistently strong manner, and has shown sound operational judgment. Mr. Fox writes well, and gets along extremely well with his co-workers and contacts. He is now scheduled for a field assignment [redacted] in 1969. In view of his strong Headquarters desk performance and his previous recommendation from Vietnam, Mr. Fox was recommended for promotion again in February 1968.

5. Mr. Fox is an experienced and competent Headquarters and field operations officer. He has repeatedly demonstrated his ability to perform at the GS-13 level. In consideration of his fine record of productivity I recommend that he be promoted to GS-13.

William E. Nelson
William E. Nelson
Chief, Far East Division

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 9 May 1963

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX, JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT
4. EFFECTIVE DATE REQUESTED: MONTH 05 DAY 19 YEAR 63
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V 10 V / V 10 O / O 10 V / O 10 O — XX
7. FINANCIAL ANALYSIS NO. CHARGEABLE: 8137-1375
8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATION: DDP/FE
10. LOCATION OF OFFICIAL STATION: WASHINGTON, D.C.
11. POSITION TITLE: OPS OFFICER (W) (P)
12. POSITION NUMBER: 4025
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION VERIFIED (C.S. 1.8 etc.): FOR 08
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 5/5 12/5
17. SALARY OR RATE: 12,604 $12,989
18. REMARKS:

FROM: DEVELOPMENT COMP.
SLOT WAS VACANT

Kinshasa, DC

18A. SIGNATURE OF REQUESTING PERSONNEL: CPP/Ops — DATE SIGNED: 10 May 63
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER — DATE SIGNED: 10 May 63

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE — 20 EMP. CLASS — 21 OFFICE CODES (PROMOTION / ALPHABETIC) — 22 STATION CODE — 23 CATEGORY CODE — 24 POSITION CODE — 25 DATE OF RATE — 26 DATE OF GRADE — 27 DATE OF LEV

TOD DATA

28 EFF. DATE — 29 SPECIAL REMARKS — 30 ESTIMATED DATE (1-PA 2-PRA 3-PRA 4-SCR) — 31 SEPARATION DATE (CO) — 32 EXPECTED RETURN DATE — 33 MILITARY DEG. CO — 34 SUF

35 SEX PROBATION — 36 SEX CONV. DATE — 37 CONV. CONF. DATE — 38 CAREER CATEGORY — 39 PRIOR CAREER CATEGORY — 40 SERIAL MILITARY ID

41 PRIMARY OFFICIAL DESIGNATION (SERIES) — 42 GRADE CAT CODE — 43 PRIOR TOD DATA — 44 PRIOR TOD DATA

45 PERSONNEL CONTROL CERTIFICATION — 46 O.P. APPROVAL — DATE APPROVED

SECRET

S-E-C-R-E-T

30 January 1968

MEMORANDUM FOR: FE Career Management Committee

SUBJECT : Recommendation for Promotion from GS-12 to GS-13 of Mr. Jerome Fox

1. This office wishes to reiterate its previous endorsement of the Saigon Station's recommendation for the promotion of Mr. Fox from GS-12 to GS-13.

2. Mr. Fox was initially assigned to the [redacted] as an Operations Officer responsible for Headquarters support of the [redacted] Communist Party Operations Program. This was a demanding task requiring sound operational judgment, experience, and the capacity to absorb large quantities of operational data and information. Despite no prior background [redacted] Mr. Fox quickly got on top of the material and projects [redacted] valuable contribution. He also had other duties concerned with support for other Station unilateral activity.

3. Mr. Fox was subsequently assigned to the [redacted] Desk [redacted] was also marked by a high degree of professionalism and competence.

4. Mr. Fox is a capable and experienced Operations Officer. He has proven in Vietnam a unique ability to develop valuable operational assets [redacted] and his work in this Branch has been excellent. In view of this good record of productivity, and as a stimulus for future development, I strongly recommend that Mr. Fox be promoted to GS-13.

[redacted]

Acting Chief, FE/PMI

S-E-C-R-E-T

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REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 17 November 1967

1. SERIAL NUMBER: 01797
2. NAME (Last-First-Middle): FOX, Jerome
3. NATURE OF PERSONNEL ACTION: Suspension (for three working days)
4. EFFECTIVE DATE REQUESTED: MONTH 04 DAY 01 YEAR 68
5. CATEGORY OF EMPLOYMENT: Regular
6. FUNDS: V 10 V / O 10 V / V 10 O / O 10 O
7. FINANCIAL ANALYSIS NO CHARGEABLE: 8137-1375
8. LEGAL AUTHORITY (Completed by Office of Personnel): 50 USC 403 f
9. ORGANIZATIONAL DESIGNATIONS: DDP/FE Development Complement
10. LOCATION OF OFFICIAL STATION: Washington, D.C.
11. POSITION TITLE: Ops Officer
12. POSITION NUMBER: 9997
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, FB, etc.): FSR GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 5 5 / 12 5
17. SALARY OR RATE: 12 / $ 12,[illegible]

18. REMARKS: Item 1150 Remarks:

Suspended for three working days for infraction of Agency physical security regulations. To return to duty BOB 4 April 1968. Employee is warned that further violations will be viewed with extreme seriousness.

18A. SIGNATURE OF RECOMMENDING OFFICIAL: [redacted] DATE SIGNED: [illegible]

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [redacted] DATE SIGNED: 28 Nov 67

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

FOD DATA

DATE APPROVED: 27 MAR 1968

[redacted]

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REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 20 NOVEMBER 1967

1. SERIAL NUMBER: 017978
2. NAME (Last-First-Middle): FOX, JEROME
3. NATURE OF PERSONNEL ACTION: [redacted]
4. EFFECTIVE DATE REQUESTED: MONTH 11 DAY 21 YEAR 67
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: 0107 X 0100
7. FINANCIAL ANALYSIS NO CHARGEABLE: 8137 1375
8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATION: DDP/FE DEVELOPMENT COMPLEMENT
10. LOCATION OF OFFICIAL STATION: WASHINGTON, D. C.
11. POSITION TITLE: [redacted] OPS. OFFICER
12. POSITION NUMBER: 9997
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (G.S., F.S., etc.): FSR / GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 5 5 / 12 5
17. SALARY OR RATE: 12,074 / $ 12,443
18. REMARKS: All SICK AND All HOURS ANNUAL LEAVE TO BE TRANSFERRED [redacted]

MARITAL STATUS: MARRIED [redacted]

18A. SIGNATURE OF APPROVING OFFICIAL: [redacted] x5031
DATE SIGNED:
18B. SIGNATURE OF CAREER SERVICE APPOINTING OFFICER:
DATE SIGNED:

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. NATIONALITY CODE: 55
20. REPORT CODE: 18
21. SERVICE CODE: 1500 FE
22. STATUS CODE: 75013
23. RETIRED CODE:
24. DATE OF BIRTH:
25. DATE OF GRADE:
26. MARITAL CODE:
27. SEX CODE:
28. VET. PREFERENCE:
29. RETIREMENT DATE:
30. SEPARATION DATE CODE:
31. COMPUTATION:
32. TOC DATA
33. TOTAL EST. SERVICE:
34. SSN:
35. NOA PERSONNEL:
36. LOCAL COMP. DATE:
37. LOCAL COMP. CODE:
38. CAREER CATEGORY:
39. FEGLI ELIGIBILITY:
40. SOCIAL SECURITY NO.
41. PERSONNEL CLASSIFICATION (Current Service):
42. CHART LIST:
43. PERSONNEL TAX DATA:
44. STATE TAX DATA:
45. PERSONNEL CLASSIFICATION (Current Service):
46. DATE APPROVED:
47. DATE APPROVED:

SECRET

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REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 30 October 1967

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX, Jerome
3. NATURE OF PERSONNEL ACTION: Reassignment and Transfer to Confidential Funds
4. EFFECTIVE DATE REQUESTED: MONTH 11 (40) DAY 19 YEAR 67
5. CATEGORY OF EMPLOYMENT: Regular
6. FUNDS: V TO V | X | V TO O | O TO V | O TO O
7. FINANCIAL ANALYSIS NO. CHARGEABLE: 8137-1392
8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS: DDP/FE; FE/Development Complement
10. LOCATION OF OFFICIAL STATION: Washington, D.C.
11. POSITION TITLE: Ops Officer
12. POSITION NUMBER: 9997
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 12 5
17. SALARY OR RATE: $ 12,443
18. REMARKS

FROM: DDP/FE/PMI/[redacted]/3877
Subject is being assigned to the [redacted] NTE: [redacted]
and training for overseas assignment

18A. [redacted] DATE SIGNED: 30 OCT 1967
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [redacted] DATE SIGNED: 30 Oct 67

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

17 ACTION CODE	18 EMPLOY CODE	21 OFFICE CODES NUMERIC	ALPHABETIC	22 STATION CODE	23 INTEREST CODE	24 POSITION CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI
90	1M3	15070	FE	03013		1		MO. DA. YR.	MO. DA. YR.

28 BIR EXPIRES	29 SPECIAL REFERENCE	30 ESTABLISHMENT DATA	31 SEPARATION DATA CODE	32 CONVERSION CERTIFICATION DATA			33 SECURITY REQ NO.	34 SEX
MO. DA. YR.		CODE		TYPE	MO. DA. YR.	EOD DATA		

35 SEX PREFERENCE	36 SEX COMP DATE	37 RACE COMP DATE	38 CAREER CATEGORY	39 FEGLI HEALTH INSURANCE			40 SOCIAL SECURITY NO
CODE	MO. DA. YR.	MO. DA. YR.	CODE	CODE			

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE	42 TERM-EAT CODE	43 FEDERAL TAX DATA			44 STATE TAX DATA		
CODE		FORM EXPIRED	CODE	NO. TAX EXEMPTIONS	FORM EXPIRED	CODE	NO. TAX EXEMPT	STATE CODE

45. POSITION CLASSIFICATION CERTIFICATION
46. O.P. APPROVAL
DATE APPROVED

FORM 1152 (SF) PERSONNEL SECTION

SECRET

14 00000

SECRET
(If not filled in)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 13 May 1967

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX, Jerome
3. NATURE OF PERSONNEL ACTION: Reassignment
4. EFFECTIVE DATE REQUESTED: MONTH 05 DAY 21 YEAR 67
5. CATEGORY OF EMPLOYMENT: Regular
6. FUNDS: X | V TO V | V TO O | O TO V | O TO O
7. COST CENTER NO. CHARGEABLE: 7237-1385
8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS: DDP/FE
10. LOCATION OF OFFICIAL STATION: Washington, D.C.
11. POSITION TITLE: Ops Officer
12. POSITION NUMBER: D-12 3877
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 12 5
17. SALARY OR RATE: $ 12,443
18. REMARKS: FROM:

18A. [redacted] DATE SIGNED: 5/15/67

18B. SIGNATURE OF CAREER [redacted] DATE SIGNED: 5/18/67

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 57
20. EMPLOY CODE: 10
21. OFFICE CODING: NUMERIC 45140 ALPHABETIC Ec
22. STATION CODE: 75012
23. INTEGRITY CODE
24. HOURS CODE: 1
25. DATE OF BIRTH: MO. DA. YR.
26. DATE OF GRADE: MO. DA. YR.
27. DATE OF LEI: MO. DA. YR.
28. NTE EXPIRES: MO. DA. YR.
29. SPECIAL REFERENCE
30. RETIREMENT DATA: 1-CSR 2-FICA 3-NONE; CODE
31. SEPARATION DATE CODE
32. CORRECTION, CANCELLATION DATA: TYPE; MO. DA. YR.
EOD DATA
33. SECURITY REQ. NO.
34. SEX
35. VET. PREFERENCE: CODE; 0-NONE 1-5 PT 2-10 PT
36. SERV. COMP. DATE: MO. DA. YR.
37. LONG. COMP. DATE: MO. DA. YR.
38. CAREER CATEGORY: CAR RSV PROG FLAG; CODE
39. FEGLI: CODE; 0-WAIVED 1-YES
HEALTH INS. CODE
40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA: CODE; 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)
42. LEAVE CAT. CODE
43. FEDERAL TAX DATA: FORM EXECUTED 1-YES 2-NO; CODE; NO. TAX EXEMPTIONS
44. STATE TAX DATA: FORM EXECUTED 1-YES 2-NO; CODE; NO. TAX EXEMPTIONS; STATE CODE
45. POSITION CONTROL CERTIFICATION: 05-16-67A
46. C.O. [redacted] DATE APPROVED: 5/16/67

FORM 1152 USE PREVIOUS EDITION

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REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 20 October 1966

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX, Jerome
3. NATURE OF PERSONNEL ACTION: Reassignment and Transfer to Vouchered Funds
4. EFFECTIVE DATE REQUESTED: MONTH 11 DAY 20 YEAR 66
5. CATEGORY OF EMPLOYMENT: Regular
6. FUNDS: V TO V [ ] V TO O [ ] O TO V [X] O TO O [ ]
7. FINANCIAL ANALYSIS NO. CHARGEABLE: 7237-1385
8. LEGAL AUTHORITY (Completed by Office of Personnel):
9. ORGANIZATIONAL DESIGNATIONS: DDP/FE [redacted]
10. LOCATION OF OFFICIAL STATION: Washington, D.C.
11. POSITION TITLE: Ops Officer D-12
12. POSITION NUMBER: 4025
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 12 5
17. SALARY OR RATE: $ 12,443
18. REMARKS

FROM: [redacted]
Subject is occupying a vacant slot.

1 cy Security
1 cy FE/B&F

Security Approval Granted by Sec. SO/OS 10/26/66
11/3/66

18A [redacted] DATE SIGNED 10/31/66
18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [redacted] DATE SIGNED 17 Nov 66

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

20 ACTION CODE	21 EMPLOY CODE	22 OFFICE CODING NUMERIC	ALPHABETIC	23 STATION CODE	25 INTEGRATE CODE	26 HOURS CODE	28 DATE OF BIRTH MO. DA. YR.	29 DATE OF GRADE MO. DA. YR.	27 DATE OF LEI MO. DA. YR.
16	10	45140	FE	25013		1			

29 NTE EXPIRES MO. DA. YR.	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-CSR 2-FICA 3-MOBR	CODE	31 SEPARATION DATA CODE	37 CORRECTION/CANCELLATION DATA TYPE	MO. DA. YR.	EOD DATA	33 SECURITY REQ. NO.	34 SEX

35 VET PREFERENCE CODE	0-NONE 1-5 PT 2-10 PT	36 SERV. COMP DATE MO. DA. YR.	37 LOOS COMP DATE MO. DA. YR.	38 CAREER CATEGORY CAR GRP: PROV TEMP	CODE	39 FEDS. HEALTH INSURANCE CODE	0-DENIED 1-YES	HEALTH INS. CODE	40 SOCIAL SECURITY NO

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED 1-YES 2-NO	CODE	NO. TAX EXEMPTIONS	44 STATE TAX DATA FORM EXECUTED 1-YES 2-NO	CODE	NO. TAX EXEMP.	STATE CODE

45 POSITION CONTROL CERTIFICATION: 11 03 66 N

46 O.P. APPROVAL [redacted] DATE APPROVED 11-03-66

Form 1152 USE PREVIOUS EDITION

SECRET

(6)

SECRET
(When Filled In)

F23

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 8 Sept 66

1 SERIAL NUMBER: 017974

2 NAME (Last-First-Middle): FOX, JEROME

3 NATURE OF PERSONNEL ACTION: DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM

4 EFFECTIVE DATE REQUESTED: MONTH 09 DAY 25 YEAR 66

5 CATEGORY OF EMPLOYMENT: REGULAR

6 PURPOSE: V TO V / V TO O / CV TO V / X / O TO O

7 FINANCIAL ANALYSIS NO. CHARGEABLE: 7137-1487

8 LEGAL AUTHORITY (Completed by Office of Personnel): PL 88-643 Sect. 203

9 ORGANIZATIONAL DESIGNATIONS: DDP/FE

10 LOCATION OF OFFICIAL STATION: SAIGON, SOUTH VIET-NAM

11 POSITION TITLE:

12 POSITION NUMBER:

13 CAREER SERVICE DESIGNATION: D

14 CLASSIFICATION SCHEDULE (GS, LB, etc.):

15 OCCUPATIONAL SERIES:

16 GRADE AND STEP: 12

17 SALARY OR RATE: $

18 REMARKS:
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.

18A SIGNATURE OF REQUESTING OFFICIAL: | DATE SIGNED:

18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER: | DATE SIGNED:

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE | 20 EMPLOY CODE | 21 OFFICE CODING (NUMERIC, ALPHABETIC) | 22 STATION CODE | 23 INTERCEPT CODE | 24 POSITION CODE | 25 DATE OF BIRTH (MO. DA. YR.) | 26 DATE OF GRADE (MO. DA. YR.) | 27 DATE OF LEO (MO. DA. YR.)

28 NTE EXPIRES (MO. DA. YR.) | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA (1-CSR, 3-FICA, 5-NONE) CODE 2 | 31 SEPARATION DATA CODE | 32 CORRECTION/CANCELLATION DATA TYPE (MO. DA. YR.) | ECO DATA | 33 SECURITY REQ NO | 34 SEX

35 VET PREFERENCE CODE, 0-NONE, 1-5 PT, 2-10 PT | 36 SERV. COMP DATE (MO. DA. YR.) | 37 LONG COMP DATE (MO. DA. YR.) | 38 FASTER EARNINGS CODE | 39 FEGLI HEALTH INSURANCE CODE, 0-NONE, 1-5, HEALTH INS CODE | 40 SOCIAL SECURITY NO

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE, 0-NO PREVIOUS SERVICE, 3-NO BREAK IN SERVICE, 7-BREAK IN SERVICE (LESS THAN 3 YEARS), 9-BREAK IN SERVICE (MORE THAN 3 YEARS) | 42 LEAVE CAT CODE | 43 FORM EXECUTED 1-W4, 2-W5 | FEDERAL TAX DATA CODE | NO. TAX EXEMPTIONS | 44 STATE TAX DATA FORM EXECUTED 1-W4, 2-W5 | CODE | NO. TAX EXEMPTIONS | STATE CODE

45 POSITION CONTROL CERTIFICATION: OS-16-66

46 C.P. APPROVAL: See memo signed by D/Pers dated 2 Dec 1966

DATE APPROVED:

1152 USE PREVIOUS EDITION

SECRET

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REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 3 November 1964

1. FILE NUMBER: 17974
2. NAME: FOX, JEROME

NATURE OF PERSONNEL ACTION: REASSIGNMENT

4. EFFECTIVE DATE REQUESTED: 12 / 1 / 64

5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: X

7. COST CENTER NO. CHARGE ABLE: 5137-1487

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATION:
DDP/FE
FE/VNC - SAIGON STATION
~~OPERATIONS SECTION~~ INTERNAL OPS BRANCH
108 CAPITAL OPS SECTION

10. LOCATION OF OFFICIAL STATION: SAIGON, ~~VIETNAM~~ Free Viet Nam

11. POSITION TITLE: OPS OFFICER (~~[illegible]~~)

12. POSITION NUMBER: ~~[illegible]~~ 4608

13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (G.S. S.R. etc.): GS

15. OCCUPATIONAL SERIES: 0136.01

16. GRADE AND STEP: 12 4

17. SALARY OR RATE: $ 11,315

18. REMARKS
Subject to Medical Approval.
FROM: DDP/FE
FE/DEV COMP Ltr, 27F

ONE COPY TO SECURITY
ONE COPY TO CF PAYROLL

FOR FURTHER INFORMATION CALL X5459

16A. SIGNATURE OF REQUESTING OFFICIAL: [redacted] DATE SIGNED: 11/4/64

16B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [redacted] DATE SIGNED: 11-10-64

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 97
20. EMPLOY CODE: 0
21. OFFICE CODE: [illegible]
22. STATION CODE: [illegible]
23. [illegible] CODE:
24. HOURS CODE: 3
25. DATE OF BIRTH:
26. DATE OF GRADE
27. DATE OF EI
28. NTE EXPIRES
29. SPECIAL ENTITLEMENT
30. RETIREMENT DATA CODE
31. SEPARATION DATA CODE
32. CORRECTION CANCELLATION DATA
EOD DATA
33. SECURITY CLEARANCE
34. SSN
35. VET PREFERENCE
36. VETS COMP DATE
37. LONG. SERV. DATE
38. CAREER CATEGORY
39. FEGLI HEALTH INSURANCE
40. SOCIAL SECURITY NO
41. PREVIOUS SCHEDULE SERVICE DATA
42. START CAT CODE
43. FEDERAL TAX DATA
44. STATE TAX DATA
45. POSITION CONTROL CERTIFICATION: [illegible] (2)
46. OP APPROVAL: [redacted]
DATE APPROVED: 11-10-64

NPRA 1152 USE PREVIOUS EDITION.

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 17 September 1964

1. SERIAL NUMBER: 017974

2. NAME (Last-First-Middle): FOX, Jerome,

3. NATURE OF PERSONNEL ACTION:

4. EFFECTIVE DATE REQUESTED: MONTH 9 | DAY 18 | YEAR 64

5. CATEGORY OF EMPLOYMENT: Regular

6. PURPOSE: V TO V | V TO C | C TO V | X C TO C

7. COST CENTER NO. CHARGEABLE: 5137-1392

8. LEGAL AUTHORITY (Completed by Office of Personnel):

9. ORGANIZATIONAL DESIGNATIONS: DDP/FE CS/CS Development Complement

10. LOCATION OF OFFICIAL STATION: Washington, D. C.

11. POSITION TITLE: Ops Off

12. POSITION NUMBER: 9997

13. CAREER SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (G.S., F.R., etc.): FSR CS

15. OCCUPATIONAL SERIES: 0136.01

16. GRADE AND STEP: 5 2 / 12 4

17. SALARY OR RATE: $10,290 / $11,315

18. REMARKS:

All sick and All hours annual leave to be transferred

MARITAL STATUS: Married

Training

SIGNATURE OF CAREER SERVICE APPROVING OFFICER | DATE SIGNED

EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 55 | 20. TRANSIT CODE: 13 | 21. OFFICE CODING: NUMERIC 15497 ALPHABETIC FE | 22. STATION CODE: 73013 | 23. INTERCOM CODE | 24. NOTIFY. CODE: 1 | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF EST.

28. RETI. EXPIRES | 29. SPECIAL RETIREMENT | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION TERMINATION DATE | EOD DATA | 33. SECURITY REQ. CO | 34. TER.

35. FIT PREFERENCE | 36. STAT. COMP. DATE | 37. LOWG. COMP. DATE | 38. CAREER CATEGORY | 39. FEDERAL HEALTH INSURANCE | HEALTH INS. CODE | 40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA

45. POSITION CONTROL CERTIFICATION | 46. C.P. APPROVAL | DATE APPROVED

SECRET

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 3 September 1964

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX, JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS
4. EFFECTIVE DATE REQUESTED: MONTH 9 DAY 13 YEAR 64
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V TO V / CF TO V / X / V TO CF / CF TO CF
7. COST CENTER NO. CHARGEABLE: 5137-1392
8. LEGAL AUTHORITY (Completed by Office of Personnel):
9. ORGANIZATIONAL DESIGNATION: DDP/FE CS/CS DEVELOPMENT COMPLEMENT
10. LOCATION OF OFFICIAL STATION: WASHINGTON, D.C.
11. POSITION TITLE: OPS OFFICER
12. POSITION NUMBER: 9997
13. CAREER SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, FR, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 12 @ 4
17. SALARY OR RATE: ~~$10,960~~ 11,315

18. REMARKS:

FROM: DDP/FE
FE/VNC - VIETNAM, CAMBODIA
NORTH VIETNAM SECTION

17F Security Approval Granted by Pers. SO/CS 9/9/64 Eg 9/11/64

ONE COPY TO SECURITY
ONE COPY TO VOUCHERED PAYROLL

FOR FURTHER INFORMATION CALL X5159

Recorded by CSPM

18A. SIGNATURE OF REQUESTING OFFICIAL:
DATE SIGNED: 9/11/64
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER:
DATE SIGNED: 9-11-64

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 20
20. NOA CODE: 13
21. OFFICE CODING: NUMERIC 4997 ALPHABETIC F2 45213
22. STATION CODE:
23. INTEGREE CODE:
24. HOURS CODE: 1
25. DATE OF BIRTH: MO. DA. YR.
26. DATE OF GRADE: MO. DA. YR.
27. DATE OF EI: MO. DA. YR.
28. NTE EXPIRES: MO. DA. YR.
29. SPECIAL REFERENCE:
30. RETIREMENT DATA: 1-CSR 2-FRA 3-NONE; CODE
31. SEPARATION DATA CODE:
32. CORRECTION: TYPE; MO. DA. YR.
EOD DATA
33. SECURITY REQ NO.
34. SEX
35. VET. PREFERENCE: CODE; 0-NONE 1-5 PT. 2-10 PT.
36. SERV. COMP. DATE: MO. DA. YR.
37. LONG. COMP. DATE: MO. DA. YR.
38. CAREER CATEGORY: CAR. RESV. NON. TEMP.; CODE
39. FEGLI HEALTH INSURANCE: CODE; 0-WAIVER 1-YES; HEALTH INS. CODE
40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA: CODE; 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)
42. LEAVE CAT. CODE:
43. FEDERAL TAX DATA: FORM EXECUTED 1-TD1 2-W4; CODE; NO. TAX EXEMPTIONS
44. STATE TAX DATA: FORM EXECUTED 1-TD1 2-W4; CODE; NO. TAX EXEMPTIONS; STATE CODE
45. POSITION CONTROL CERTIFICATION:
46. O.P. APPROVAL:
DATE APPROVED: 9-11-64

USE PRIVOUS EDITION

SECRET

SUBJECT: Letter of Commendation

TO: COLONEL FRED DRUMM
Commander, Det 84 (PACATIC)
1125th USAF Field Activities
(ATIC) APO 96

1. The successful outcome of the Aerospace Technical Intelligence Course conducted at Nichols Air Base, Pasay City, has been due to the indefatigable efforts exerted by the training team of your unit from 12 to 23 June 1961.

2. During that brief period your team displayed professional competence and mastery of the subject. They successfully imparted to the students vital data on the procedural aspects of gathering aerospace technical intelligence. Their extensive use of training films further enhanced the student's learning process and the practical training they gave in intelligence photography will go a long way in helping PAF personnel assimilate important technical aspects. They are, indeed, a credit to your organization.

3. It is, therefore, with great pleasure that I commend the following members of your team for the valuable services they rendered to the Philippine Air Force:

LT COL ROBERT O [illegible] 3[illegible]
MAJOR ROBERT A TOLLHURST [illegible]
MAJOR JOSEPH R [illegible] 16[illegible]
CAPT RAYMOND L HAYES [illegible]
[illegible]
T/Sgt CHARLES P MILLER AF-10376590

4. It is requested that a copy of this commendation form part of each individual's military personal record.

[illegible]
Colonel, PAF
[illegible] Training Office

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 19 MARCH 1963

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX, JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT And change of Service Designation
4. EFFECTIVE DATE REQUESTED: MONTH 04 DAY 1 YEAR 63
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: XX V TO V; V TO CP; CP TO V; CP TO CP
7. COST CENTER NO. CHARGEABLE: 3237-1250-1000
8. LEGAL AUTHORITY (Completed by Office of Personnel):
9. ORGANIZATIONAL DESIGNATIONS:
DDP/FE
FE/VCL - VIETNAM - CAMBODIA - LAOS
VIETNAM OPERATIONS SECTION
FI/CI OPERATIONS UNIT
10. LOCATION OF OFFICIAL STATION: WASHINGTON, D. C.
11. POSITION TITLE: OPS OFFICER
12. POSITION NUMBER: 2608
13. CAREER SERVICE DESIGNATION: ~~IV~~ D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 12 ~~X2~~
17. SALARY OR RATE: $9790
18. REMARKS:
FROM: DDI/ORR
OFFICE OF THE ASSISTANT DIRECTOR
[redacted]
ANALYSIS BRANCH/1564 May 2
ONE COPY TO SECURITY
Recorded by CSPD
Security 3/24/63
4/27
FOR FURTHER INFORMATION CALL PAT X5459

CONCUR: [redacted] DDI/OEM 15 Apr. 63 Date

CONCUR: Jerome Fox Mr. Jerome Fox 15 Apr 63 Date

[redacted] DATE SIGNED 8 Apr 63
19a. SIGNATURE OF CAREER SERVICE APPROVING [redacted] DATE SIGNED 18 Apr 63

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 37	20. [illegible] CODE: 10	21. OFFICE CODE: NUMERIC 5010	ALPHABETIC EE	22. STATION CODE: 10013	23. [illegible] CODE	24. [illegible] CODE: 1	25. DATE OF [illegible]	[illegible]	27. DATE OF [illegible]
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATE		31. SEPARATION DATE CODE	32. CORRECTION/CANCELLATION DATA		EOD DATA	33. SECURITY REQ. NO.	34. SEP.
35. VET. PREFERENCE	36. SENR. COMP. DATE	37. LONG. COMP. DATE		38. CAREER CATEGORY	39. [illegible]			40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA		42. [illegible] CAT. CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA		
45. POSITION CONTROL CERTIFICATION: 4/25/63				46. O.P. APPROVAL: [redacted]			DATE APPROVED		

FORM 1152 OBSOLETE PREVIOUS EDITIONS
4-62 USE FORM 1152A.

SECRET

GROUP 1
Excluded from automatic downgrading and declassification

141

8 Mar 1963

MEMORANDUM FOR: CSPO/Branch C

SUBJECT : Mr. Jerome Fox, Request for Reassignment from DDI/ORR to FE/VCL

1. The FE Division requests that arrangements be made with the DDI/ORR for the reassignment of Mr. Jerome Fox, GS-12, to the VCL Branch to work on the recently approved North Vietnam program. The Vietnam Desk of VCL has a requirement for an officer to devote full time to the collection, collation and evaluation of material available on North Vietnam. This material, once assembled, will be used as a basis for both paramilitary and psychological warfare operations to be mounted against North Vietnam. It is felt that Mr. Fox is particularly qualified for this assignment with his excellent background as a research officer and the experience gained on his Far East assignment in 1959-62. The knowledge he gained at that time of covert operations in relation to his DDI responsibilities will be helpful to him in the work envisioned for him in FE/VCL. Mr. Fox has traveled in Southeast Asia and also dealt with North Vietnam as an operational target during his military service 1952-54.

2. It is our understanding that Mr. Fox is available for reassignment. He has been interviewed by Division officers who feel his assignment would satisfy an important requirement on this priority program. It is requested that his assignment to FE/VCL, without a change in Service Designation, be arranged with DDI for approximately one year. At the end of that time, based on a review of Mr. Fox's capabilities and interest in relation to a permanent DDP assignment, the possibilities of a change of service designation would be explored.

[redacted]

Acting Chief, Far East Division

Approved by C/PMC
R. S. Shaw, Sec'y/PMC
15 MAR 1963

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 23 November 1962

1. SERIAL NUMBER: 017974
2. NAME (Last-First-Middle): FOX, Jerome
3. NATURE OF PERSONNEL ACTION: Reassignment and Transfer to Vouchered Funds
4. EFFECTIVE DATE REQUESTED: MONTH DAY YEAR
5. CATEGORY OF EMPLOYMENT: Regular
6. FUNDS: V TO V; V TO CF; XX CF TO V; CF TO CF
7. COST CENTER NO. CHARGEABLE: 3257-1019-6000
8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS: DDI/ORR, Office of the Assistant Director, [redacted], Analysis Branch
10. LOCATION OF OFFICIAL STATION: Washington, D. C.
11. POSITION TITLE: I.O. (Factory Market[redacted])
12. POSITION NUMBER: 1564
13. CAREER SERVICE DESIGNATION: IR
14. CLASSIFICATION SCHEDULE (GS, LD, etc.): GS
15. OCCUPATIONAL SERIES: 1390.08 ~~0132.06~~
16. GRADE AND STEP: 12 2
17. SALARY OR RATE: $ 9,790
18. REMARKS:

Attached are:
Form W-4, Employee's Withholding Exemption Certificate
Form D-4-A, Certificate of Non-Residence in the District of Columbia
Form Va.-4, Virginia Employee's Withholding Exemption Certificate
Copies to:
Payroll
Security

[redacted] 12/4/62

18a. SIGNATURE OF REQUESTING OFFICIAL: [redacted] SI/FM/RR — DATE SIGNED: 23 Nov. 62
18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [redacted] AD/RR — DATE SIGNED: 17 DEC 1962

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 10
20. EMPLOY. CODE: 10
21. OFFICE CODING: NUMERIC 29100; ALPHABETIC ORR
22. STATION CODE: 75013
23. MS CODE
24. MOTORS CODE: 1
25. DATE OF BIRTH
26. DATE OF GRADE
27. DATE OF LEV.
28. BIR EXPIRES
29. SPECIAL REFERENCE
30. RETIREMENT DATA: 1 = CSC; 3 = FICA; 5 = NCRF
31. SEPARATION DATA CODE
32. CORRECTION/CANCELLATION DATA
EOD DATA
33. SF 50 REG. NO.
34. SEX
35. VET. PREFERENCE
36. SERV. COMP. DATE
37. LONG. COMP. DATE
38. CAREER CATEGORY
39. RETIR. & HEALTH INSURANCE
40. SOCIAL SECURITY NO.
41. PREVIOUS GOVERNMENT SERVICE DATA: 0 = NO PREVIOUS SERVICE; 1 = NO BREAK IN SERVICE; 2 = BREAK IN SERVICE (LESS THAN 3 YRS); 3 = BREAK IN SERVICE (MORE THAN 3 YRS)
42. RETIREMENT CODE
43. FEDERAL TAX DATA
44. STATE TAX DATA
45. POSITION CONTROL CERTIFICATION: 1800
46. G.P. AP[redacted]
DATE APPROVED: 12-62

FORM 1152 OBSOLETE PREVIOUS EDITIONS AND FORM 1152A.

SECRET

SECRET
(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
[illegible]		[illegible]-503

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on [illegible].

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	VERIFICATION
2 JUL 1962	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

FORM NO. 1076 [illegible]

SECRET

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 14 March 1961

1. SERIAL NUMBER: 517974

2. NAME (Last-First-Middle): FOX, Jerome

3. NATURE OF PERSONNEL ACTION: Promotion

4. EFFECTIVE DATE REQUESTED: MONTH 3 DAY 14 YEAR 61

5. CATEGORY OF EMPLOYMENT: Regular

6. FUNDS: V TO V | V TO CF | CF TO V | X | X TO CF

7. COST CENTER NO. CHARGEABLE: 1137-7000-6135

8. LEGAL AUTHORITY (Completed by Office of Personnel):

9. ORGANIZATIONAL DESIGNATIONS: Office of DDI [redacted] Strategic Intelligence Staff

10. LOCATION OF OFFICIAL STATION: Tokyo, Japan

11. POSITION TITLE: [redacted]

12. POSITION NUMBER: 1-96

13A. PCR CONTROL NO.:

13. CAREER SERVICE DESIGNATION: IR

14. CLASSIFICATION SCHEDULE (GS, LD, etc.): GS

15. OCCUPATIONAL SERIES: 1390.~~06~~ .08

16. GRADE AND STEP: 12 1

17. SALARY OR RATE: $ 8955

18. REMARKS:

FROM: Same as above

Approved by DDI - per attached memo

18A. SIGNATURE OF PROCUREMENT OFFICIAL: ROBERT D. CASHMAN, CPE PERSONNEL

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER:

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

EOD DATA

49. POSITION CONTROL CERTIFICATION:

50.

3/20/61

FORM 1152 PREVIOUS EDITIONS OBSOLETE AND MAY NOT BE USED.

SECRET

SECRET

23 FEB 1961

MEMORANDUM FOR: Director of Personnel

THROUGH: Chief, FS, DD/P

THROUGH: Assistant to the DD/I (Administration)

SUBJECT: FOX, Jerome -- Promotion

1. It is requested that Mr. Jerome Fox be promoted from GS-11 to GS-12. Mr. Fox is currently assigned to Tokyo on the DD/I Foreign Field Annex. He entered the zone of consideration for promotion in October of 1958.

2. Mr. Fox was assigned to Tokyo in July of 1959 to serve as the [redacted] officer. He has displayed expertise and professional competence in the markings field, functioning in an outstanding manner as the authoritative focal point for the program in the North Asian area. This request for promotion was initiated by the [redacted] and favorably endorsed by [redacted] The Chief of the [redacted] ORR, who recently returned from a visit [redacted] personally observed Mr. Fox's effective working relationships with U.S. officials and foreign liaison in Tokyo [redacted] Mr. Fox has demonstrated high devotion to duty and displayed a high degree of initiative and self-reliance.

3. Upon completion of Mr. Fox's [redacted] he will return to the ORR Departmental Staffing Complement in a position commensurate with the grade to which promotion is recommended.

SECRET

SUBJECT: FOX, Jerome -- Promotion

4. It is requested that FE/DD/P initiate the appropriate request for personnel action and that processing of this promotion action be accomplished as soon as possible. It is also requested that a copy of the 1150 be forwarded to this Office.

FOR THE ASSISTANT DIRECTOR, ORR:

PAUL H. HILDEBRAND
Chief, Administrative Staff

CONCURRENCES:

[redacted]
Assistant to the DD/I (Administration) — Date 3/6/61

[redacted]
Chief, FE Division — Date 3/10/61

SECRET
(When Filled In)

DATE PREPARED: Mo. Da. Yr.

REQUEST FOR PERSONNEL ACTION

V to V | V to UV | UV to V | UV to UV

1. Serial No.
2. Name (Last-First-Middle): FOX, JEROME
3. Date of Birth
4. Year Prof.
5. Sex: M
6. CS - EOD
7. SCD
8. CSC Retmt. (Yes - 1, No - 2)
9. CSC Or Other Legal Authority
10. Appm. Affidav.
11. FECLI
12. LCD
13. MIL. SERV. CREDIT - LCD

Code: 1

PREVIOUS ASSIGNMENT

3

14. Organizational Designations: DDI OPR
15. Location Of Official Station: Wash., D.C.
16. Dept.-Field: Dept's Valid From
17. Position Title: Identification Spec.
18. Position No.: S23.01
19. Serv.: CS
20. Occup. Series: 1390.06
21. Grade & Step: 11 2
22. Salary Or Rate: $ 7,270
23. SD: IR
24. Date Of Grade: 10 20 57
25. PSI Due: 10 16 60
26. Appropriation Number: 9 5709 20

ACTION

27. Nature Of Action: + Transfer Reassignment to Cafeteria
28. Eff. Date: 07 20 59
29. Type Of Employee: Regular
30. Separation Date

PRESENT ASSIGNMENT

3

31. Organizational Designations: OFFICE OF DDI ~~CRS STAFF~~ Intelligence Staff
32. Location Of Official Station: Tokyo, Japan
33. Dept.-Field: Dept's Valid From
34. Position Title: T.O. Factory Mark
35. Position No.: 8-96
36. Serv.
37. Occup. Series
38. Grade & Step: 11 - 2
39. Salary Or Rate: $ 7270
40. SD
41. Date Of Grade: 10 20 57
42. PSI Due: 10 16 60
43. Appropriation Number: 75 5701

SOURCE OF REQUEST

A.
B. Telephone & Telephone Extn.: 72057
C. Requesting Approved By (Signature And Title): Robert D. Cannon, Chief/Personnel

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Sec. Clearance			E.		
C. Classification			F. Approved By		

Remarks:
2 copies Security
Please transfer from (vouchered to unvouchered) funds on 20 July 1959.
Subject to replace [redacted] who is returning to [illegible]

SECRET

SECRET

Carefully Accounting To Contents.

REQUEST FOR PERSONNEL ACTION

VOUCHERED

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth (Mo Da Yr)	4. Ver. Pref. (None-0, S. Pr.-1, 10 Pt.-2)	Code	5. Sex	6. C.S. EOD (Mo Da Yr)
	Fox Jerome			1	M	

7. SCD (Mo Da Yr)	8. CSC Retire (Yes-1, No-2)	Code	9. CSC Or Other Legal Authority	10. Agcy. Affidav. (Mo Da Yr)	11. FEGLI (Yes-1, No-2)	Code	12. LCD (Mo Da Yr)	13. [illegible] (Yes-1, No-2)	Code
						1			

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDI/Office of Research & Reports		Washington, D.C.	

16. Dept.-Field (Dept.-X, Uniid.-Fran.)	Code	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series
X		Identification Specialist	923.01	08	1390.06

21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade (Mo Da Yr)	25. PSI Due (Mo Da Yr)	26. Appropriation Number
9-2	$ 5575.	IR			8-5709-20

ACTION

27. Nature Of Action	Code	28. Eff. Date (Mo Da Yr)	29. Type Of Employee	Code	30. Separation Date
Promotion		ASAP	Regular		

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDI/Office of Research & Reports		Washington, D.C.	

33. Dept.-Field (Dept.-X, Uniid.-Fran.)	Code	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series
X		Identification Specialist	923.01	08	1390.06

38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade (Mo Da Yr)	42. PSI Due (Mo Da Yr)	43. Appropriation Number
11-1	$ 6390.	IR		7 1 7 57	8-5709-20

SOURCE OF REQUEST

A. Requested By (Name And Title): Chief, DI/RR

B. Person Call (Name & Telephone Ext.): x2465

C. Request Approved By (Signature And Title): PAUL H. HOLDEMAN, Chief, Administrative Staff, ORR

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board			D. Placement		
B. Pos. Control			E.		
C. Classification			F. Approved By		

Remarks

Form 1152a

SECRET

CONFIDENTIAL

STANDARD FORM 52

REQUEST FOR PERSONNEL ACTION

21 JUN 1956
VOUCHERED

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Mrs., Miss, Mr. One given name, initial(s), and surname) — JEROME FOX
2. DATE OF BIRTH
3. REQUEST NO.
4. DATE OF REQUEST — 12 June 56
5. NATURE OF ACTION REQUESTED — A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) — Promotion
6. POSITION (Specify whether establish, change grade or title, etc.)
6A. EFFECTIVE DATE — A. PROPOSED — ASAP
B. APPROVED
7. C.S.C. OR OTHER LEGAL AUTHORITY

FROM		TO
Identification Specialist P-925.08 GS-1390.06-07 $4440 per annum DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch Washington, D.C.	8. POSITION TITLE AND NUMBER; 9. SERIES, GRADE, AND SALARY; 10. ORGANIZATIONAL DESIGNATIONS; 11. HEADQUARTERS; 12. FIELD OR DEPARTMENTAL	Identification Specialist P-924.08 GS-1390.06-09 $5440.00 per annum DDI/Office of Research and Reports Office of Chief, Coordination Techniques and Methods Division Analysis and Reports Branch Washington, D.C.
[ ] FIELD [X] DEPARTMENTAL		[ ] FIELD [X] DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Complies with CIA Regulation 20-530

A. REQUESTED BY (Name and title) — Chief, D/T
B. REQUEST APPROVED BY — Signature: PAUL H. HILDEBRAND — Title: Chief, Administrative Staff, DDI
C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) — x 2185

13. VETERAN PREFERENCE — NONE | WWD | OTHER | 5 PT | 10 POINT DISAB. | 10 POINT OTHER
14. POSITION CLASSIFICATION ACTION — NEW | VICE | T.A. | REAL — SD/IR
15. SEX
16. RACE
17. APPROPRIATIONS — FROM: 5-5709-20 — TO: 5-5709-20
18. SUBJECT TO C.S. RETIREMENT ACT. (YES-NO)
19. DATE OF APPOINTMENT AFFIDAVITS (MO.-DAY-YR.)
20. LEGAL RESIDENCE — [ ] CLAIMED [ ] PROVED — STATE: NY
21. STANDARD FORM 50 REMARKS

PERIODIC STEP INCREASE DUE 17 Jul 56
TO SALARY $ 4440

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CAREER APPOINTMENT		27 JUN 1956	
C. CLASSIFICATION			
D. ACCOUNTING & CONTROL		6-25-56	
E.			
F.			

[redacted]

14 00000

SECRET
SECURITY INFORMATION

ENTRANCE ON DUTY NOTICE

1. DATE: 22 June 1955

2. TO: [redacted]

3. OFFICE (Division, Branch, Etc.): DDI/ORR

4. THE PERSON NAMED BELOW MEETS THE STANDARDS FOR EMPLOYMENT WITH THIS AGENCY SUBJECT TO THE TYPE OF CLEARANCE INDICATED IN ITEM NO. 9. THE SIGNED CLEARANCE FORM 185 FOR ENTRANCE ON DUTY HAS BEEN MADE A PART OF THE PERSONNEL FILE OF THIS INDIVIDUAL. HE/SHE IS REPORTING FOR DUTY THIS DATE.

5. NAME (Last): Fox (First): Jerome (Middle):

6. JOB TITLE AND GRADE: Ident. Spec. GS-7

7. EFFECTIVE DATE OF ACTION: 15 June 1955

8. [ ] E.O.O. [ ] REASSIGNMENT OTHER:

9. TYPE CLEARANCE: Provisional

10. REMARKS: (Include Medical or Other Limitations)

Subject to BOD, testing, 24 June 1955.

[redacted] OFFICE

DISTRIBUTION: ORIGINAL AND COPY (WHITE) TO ITEM NO. 3. COPY (PINK) TO PERSONNEL FOLDER

FORM NO. 97-114 PREVIOUS EDITIONS MAY BE USED
NOV 1952

SECRET

STANDARD FORM 52

REQUEST FOR PERSONNEL ACTION

VOUCHERED 16 FEB 1955

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr. [redacted] - Give given name, initial(s), and surname)
JEROME FOX

2. DATE OF BIRTH

3. REGISTER NO.

4. DATE OF REQUEST
2 Feb 55

5. NATURE OF ACTION REQUESTED
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Excepted Appointment
B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED
ASAP
B. APPROVED

7. C.S. OR OTHER LEGAL AUTHORITY

FROM—

8. POSITION TITLE AND NUMBER

9. SERVICE, GRADE, AND SALARY

10. ORGANIZATIONAL DESIGNATIONS

11. HEADQUARTERS

12. FIELD OR DEPARTMENTAL [ ] FIELD [ ] DEPARTMENTAL

TO—
Identification Specialist P-925.00-99
GS-1390.06-07 $4205.00 per annum
DDI/Office of Research and Reports
Office of Chief, Coordination
Techniques and Methods Division
Analysis and Reports Branch
Washington, D. C.

[ ] FIELD [X] DEPARTMENTAL

A. REMARKS (Use reverse if necessary)
Attachments:
1 Interview Sheet
2 cys. Report of Medical History
8 cys. PHS
1 2 cys. of Letter of Commendation
2 cys. PHS (Appendix I)
2 pictures

B. RECOMMENDED BY
PAUL H. HILDEBRAND, Admin. Officer, ORR

C. (Name and telephone extension)
x 2485

D. REQUEST APPROVED BY
Signature:
Title: Executive, OPS

13. VETERAN PREFERENCE

14. POSITION CLASSIFICATION ACTION
SD/IP

15. SEX 16. RACE 17. APPROPRIATION
FROM
TO 5-5709-20

18. LENGTH OF SERVICE AGREEMENT (Less mo)

19. DATE OF APPOINTMENT AFFIDAVITS (Month, day)

20. LEGAL RESIDENCE
[ ] CLAIMED [ ] PROVED
STATE

21. STANDARD FORM 50 REMARKS

22. CLEARANCES | SIGNATURE | DATE | REMARKS

23. [redacted]

STANDARD FORM 52

CONFIDENTIAL

DATE: JUN 9 1955

TO : Placement and Utilization Division, Personnel Office

FROM : Assistant Director, ORR

SUBJECT: JEROME FOX

The case of Jerome Fox, a (provisionally) cleared applicant has been thoroughly reviewed and this Office does guarantee that the position to which he is to be assigned does fall within the personnel ceiling of ORR. Therefore, it is requested that the above-named individual be brought on duty as soon as possible.

FOR THE ASSISTANT DIRECTOR, ORR:

Paul F. Hildebrand
Chief, Administrative Staff, ORR

CONFIDENTIAL

STANDARD FORM NO. 64

CONFIDENTIAL

Office Memorandum • UNITED STATES GOVERNMENT

TO : Placement and Utilization Division, O/P DATE: 21 April 1955
ATTEN : [redacted]

FROM : Personnel Officer, OMR

SUBJECT: FOX, Jerome - Request for Provisional Clearance

1. It is requested that a Provisional Clearance be granted for Mr. Jerome Fox to allow his entrance on duty at the earliest opportunity.

2. This Office is prepared to assign Mr. Fox to an unclassified project in the Library of Congress for the Techniques and Methods Division. It is the opinion of the Techniques and Methods Division that the material produced by this project will be advantageous to the Division.

[redacted]

St/A/RR
[redacted]

Distribution:
0 & 1 - Addressee
2 - St/A/RR
2 - AD/RR

CONFIDENTIAL

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE: 6 Sept 1974

FILE NO.: 6215

AS: [redacted]

EMPLOYEE NUMBER: 017074

ID CARD NUMBER:

TO: (Check)
- X CHIEF, CONTROL DIVISION, OP
- CHIEF, CONTRACT PERSONNEL DIVISION, OP
- X CHIEF, OPERATING COMPONENT (For action) EA

ATTN: CHIEF SUPPORT STAFF

REF: RETIREMENT

SUBJECT: FOX, Jerome

OFFICIAL COVER: ESTABLISHED / X DISCONTINUED

UNIT:

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS

- [ ] BASIC COVER PROVIDED EFFECTIVE DATE
- [ ] OPERATIONAL COVER PROVIDED FOR ____ TDY ____ OTHER (Specify)
- SUBMIT FORM [redacted] TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY ____ (HHB 20-7)
- SUBMIT FORM 3254 [redacted] TO BE ISSUED. (HHB 20-11)
- SUBMIT FORM [redacted] OR NAME CHANGE AFFECTING THIS COVER. (HR 240-20)
- SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-20)
- EAA. CATEGORY I ____ CATEGORY II ____
- SUBMIT FORM 2088 FOR ____ HOSPITALIZATION CARD

(HUMPES AND/OR COVER NAMES)

[redacted]

CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS

- X EFFECTIVE DATE: EOD
- X SUBMIT FORM 3254 CIA W-2 TO BE ISSUED. (HHB 20-11)
- NA SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY ____ (FOR [redacted] ONLY)
- NA EAA. CATEGORY I ____ CATEGORY II ____
- X RETURN ALL DEPENDENT DOCUMENTATION TO CCS
- X SUBMIT FORM 2088 FOR GEHA HOSPITALIZATION CARD.

DO NOT WRITE IN THIS BLOCK

DISTRIBUTION:
COPY 1 - TO BE CEN
COPY 2 - OPERATION COMPONENT
COPY 3 - OS [illegible]
COPY 4 - OS [illegible]
COPY 5 - [illegible]

File In

[redacted]

SECRET

FORM 1051 [illegible]

14 00000

SECRET

IFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

28 Sep 1973

FILE NO. 6415

TO: (Check)

- [x] CHIEF, CONTROL DIVISION, OP
- [ ] CHIEF, CONTRACT PERSONNEL DIVISION, OP
- [x] CHIEF, OPERATING COMPONENT (For action) ~~XXXX~~ ZA

SS NUMBER

EMPLOYEE NUMBER 017974

ID CARD NUMBER HC-102 #25389

ATTN: Chief Support Staff

REF: Form 1322 dated 21 Sep 73

SUBJECT FOX, JEROME

OFFICIAL COVER: [x] ESTABLISHED [ ] DISCONTINUED

UNIT

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

[x] ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS

[x] BASIC COVER PROVIDED EFFECTIVE DATE AUGUST 1959

[ ] OPERATIONAL COVER PROVIDED FOR ____ TDY ____ OTHER (Specify)

[x] SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 3 (HHB 20-7)

[x] SUBMIT FORM 395 [redacted] BE ISSUED. (HHB 20-11)

[x] SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HB 240-20)

[x] SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HB 240-20)

[x] FAA. CATEGORY I [ ] CATEGORY II [xx]

[x] SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD

REMARKS AND/OR COVER HISTORY

CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:

SUBMIT FORM 3254 ____ W-2 TO BE ISSUED. (HHB 20-11)

SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY ____ (HHB 20-7)

FAA. CATEGORY I [ ] CATEGORY II [ ]

RETURN ALL OFFICIAL DOCUMENTATION TO CCS

SUBMIT FORM 2688 FOR AGE HOSPITALIZATION CARD.

DO NOT WRITE IN THIS BLOCK

DISTRIBUTION:

1 - [illegible]
1 - OPERATIONAL COMPONENT
1 - [illegible]
1 - [illegible]
1 - [illegible]

JB/ae

SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OF OFFICIAL COVER BACKSTOP	DATE 26 August 1966
TO: (Check) [X] CHIEF, PERSONNEL OPERATIONS DIVISION [ ] CHIEF, CONTRACT PERSONNEL DIVISION [X] CHIEF, OPERATING COMPONENT (For action) FE	ESTABLISHED FOR FOX, Jerome (NMI)
ATTN: FE/Security	FILE NO. 6415
REF: Form 1322 dated 24 August 1966	ID CARD NO. 8575
OFFICIAL COVER BACKSTOP ESTABLISHED USAF Technical Services Group (Prov)	EMPLOYEE NO.

KEEP ON TOP OF FILE WHILE COVER IN EFFECT.

[X] Block Record: (OPMEMO 20-800-11)

a. Temporarily for _____ days, effective _____.

b. Continuing, effective as of August 1959.

[X] Submit Form 642 to change limitation category. (HHB 20-7)

[X] Ascertain that [ ] W-2 being issued. (HB 20-661-1)

[X] Submit Form 1322 for any change affecting this cover. (R 240-250)

[X] Submit Form 1323 for transferring cover responsibility. (R 240-250)

[ ] Remarks:

[X] Cover History

RCB/ucz

Robert C. Franklin

DISTRIBUTION: Copy 1-PID, Copy 2-Operating Component, Copy 3-OS DIRS, Copy 4-OS TECHSVC, Copy 5-PSD/CS, Copy 6-[illegible], Copy 7-[illegible]

FORM 1551

SECRET

NOTIFICATION OF ESTABLISHMENT OF [redacted]	DATE: 8 November 1962
TO: (Check) X CHIEF, RECORDS AND SERVICES DIVISION CHIEF, OPERATING COMPONENT - ORR	ESTABLISHED FOR: FOX, Jerome
ATTN: Administrative Staff	FILE NO. K-2303
REF: Verbal request for cover	ID CARD NO:
MILITARY COVER BACKSTOP ESTABLISHED: [redacted]	

[X] BLOCK RECORDS: (OPMEMO 30-800-11)

a. TEMPORARILY FOR ____ DAYS, EFFECTIVE _____.

b. CONTINUING, EFFECTIVE ____ EOD _____.

[ ] SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY TO 3. (HB 30-800-3)

[ ] ASCERTAIN THAT [redacted] W-2 BEING ISSUED. (HB 20-661-1)

[ ] SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (B 240-250)

[ ] SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (B 240-250)

[ ] REMARKS:

THIS PAPER MUST REMAIN ON TOP OF FILE

[ ] COPY TO CROSS

J. Franklin

COS/DD

DISTRIBUTION: 1 ORIG. OS, 1 FILE OS, 1 SUPP STAFF

FORM 1551 PREVIOUS EDITIONS OBSOLETE

SECRET

(13-30-43)

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11611 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45 997	V	GS 13 6	$25,451

14 00000

SECRET

1 July 1959

File: K - 2303

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT : Jerome FOX

1. Cover arrangements [redacted] have been completed for the above-named Subject.

2. Effective 15 June 59, it is requested that your records be properly blocked [redacted] to deny [redacted] Subject's current Agency employment to an external inquirer.

3. This memorandum confirms an oral request of 1 July 1959 by [redacted] Room 1608, "L" Building, Extension 2420.

Joseph M. Adams
for HARRY W. LITTLE, JR.
Chief, Central Cover Division

cc: SED/OS

SECRET

1580a

(4-13-60)

14 00000

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.

FOX JEROME 017974 42371374

14 00000

DLN: 28 MAY 75

SECRET
(When Filled In)

TEF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 317374	2. NAME (LAST-FIRST-MIDDLE): FOX JEROME		
3. NATURE OF PERSONNEL ACTION: RETIREMENT (DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM ESI.		4. EFFECTIVE DATE (MO DA YR): 15 14 75	5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: X V TO V / V TO CF / CF TO V / CF TO CF		7. FAN AND NSCA: 5237 1532 1444	8. CSC OR OTHER LEGAL AUTHORITY: PL. 88-643 SECT 231
9. ORGANIZATIONAL DESIGNATIONS: DDO/EA DIVISION DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION: WASH., D.C.	
11. POSITION TITLE: OPS. OFFICER		12. POSITION NUMBER: DCOF	13. SERVICE DESIGNATION: DNG
14. CLASSIFICATION SCHEDULE (GS, 18, etc.): GS	15. OCCUPATIONAL SERIES: 2136.01	16. GRADE AND STEP: 13 6	17. SALARY OR RATE: 25451
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 15	20. Employ Code: 4	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STATION CODE	23. INTEGRITY CODE	24. Hours Code	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE (MO DA YR)	27. DATE OF LEI (MO DA YR)
28. NTE EXPIRES (MO DA YR)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1. CSC 2. CIA 3. FICA 4. NONE) CODE	31. SEPARATION DATA CODE	32. Correction/Cancellation TYPE	MO DA			
33. VET PREFERENCE CODE	34. SERV. COMP DATE (MO DA YR)	37. LONG. COMP DATE (MO DA YR)	38. CAREER CATEGORY SUP SERV CODE / CODE	CODE				
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	42. LEAVE CAT CODE	43. FEDERAL TAX DATA: FORM EXECUTED (1 YES 2 NO)	CODE	FED TAX EXEMPTIONS				

SIGNATURE OR OTHER AUTHENTICATION

SECRET

BBG: 25 SEPT 74

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	017974
2. NAME (LAST-FIRST-MIDDLE)	FOX JEROME
3. NATURE OF PERSONNEL ACTION	EXTENDED SICK LEAVE - DISABILITY RETIREMENT NTE: 14 MAY 1975
4. EFFECTIVE DATE (MO DA YR)	09 06 74
5. CATEGORY OF EMPLOYMENT	REGULAR
6. FUNDS	X V TO V; V TO CF; CF TO V; CF TO CF
7. FAN AND NSCA	5237 1392 0000
8. CSC OR OTHER LEGAL AUTHORITY	50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS	DDO/EA DIVISION DEVELOPMENT COMPLEMENT
10. LOCATION OF OFFICIAL STATION	WASH., D.C.
11. POSITION TITLE	OPS OFFICER
12. POSITION NUMBER	9997
13. SERVICE DESIGNATION	DMG
14. CLASSIFICATION SCHEDULE (GS, LE, etc.)	GS
15. OCCUPATIONAL SERIES	0136.01
16. GRADE AND STEP	13 6
17. SALARY OR RATE	24122

18. REMARKS:
LWD: 06 SEPTEMBER 1974
OTHER

HOME BASE: EA

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employee Code	21. OFFICE CODING (Numeric)	(Alphabetic)	22. STATION CODE	23. INTERGRE-CODE	24. Health Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEV
31	40	45997	EA	75013		1			

28. NTE EXPIRES (MO DA YR)	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. Correction/Cancellation Date	EOD DATA	33. SECURITY REQ. NO.	34. SER
05 14 75	SL						

35. VET. PREFERENCE	36. VERF. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED
JK 9/24/74

FORM 1150
9-73 (Rev 8-73)
Use Previous Editions

SECRET
(When Filled In)

E.O. IMPOSE CL BY GD 10501

14 00000

DMS: 16 SEPT 74

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

CF

1. SERIAL NUMBER: 217074	2. NAME (LAST FIRST MIDDLE): FOX JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT	4. EFFECTIVE DATE (MO DA YR): 22 15 74
5. CATEGORY OF EMPLOYMENT: REGULAR	
6. FUNDS: X V TO V / V TO CF / CF TO V / CF TO CF	7. FAN AND NSCA: 5257 1302 3011
8. CSC OR OTHER LEGAL AUTHORITY: 5 USC 3303	
9. ORGANIZATIONAL DESIGNATIONS: DDO/EA DIVISION DEVELOPMENT, COMPLEMENT	10. LOCATION OF OFFICIAL STATION: WASH., D.C.
11. POSITION TITLE: OPS OFFICER	12. POSITION NUMBER: 6997
13. SERVICE DESIGNATION: DNC	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS	15. OCCUPATIONAL SERIES: 1536.01
16. GRADE AND STEP: 13 5	17. SALARY OR RATE: 29122
18. REMARKS: OTHER HOME BASE: EA	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 37	20. (Reply) Code: 18	21. OFFICE CODING: Numeric 6997 / Alphabetic EA	22. STATION CODE: 75013	23. INTERAGENCY CODE	24. Nature Code: 1	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF EST
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	CODE	31. SEPARATION DATE CODE	32. Conversion Completion Date		EOD DATA	33. SECURITY REQ NO. / 34. SEX
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LEGIS. COMP. DATE	38. CAREER CATEGORY	39. FEDERAL HEALTH INSURANCE				40. SOCIAL SECURITY NO.
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT. CODE	43.	FEDERAL TAX DATA		44. STATE TAX DATA		

SIGNATURE OR OTHER AUTHENTICATION

POSTED
OK 9/16/74

FORM 1130 Use Previous SECRET

14 00000

SECRET

22 JAN 74

NOTIFICATION OF PERSONNEL ACTION

OCE

1. SER. NUMBER: 017574	2. NAME (LAST, FIRST, MIDDLE): FOX, JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT	4. EFFECTIVE DATE: 01 20 74
5. CATEGORY OF EMPLOYMENT: REGULAR	
6. FUNDS: X — V TO V; CF TO V; V TO CF; CF TO CF	7. FAM AND NSCA: 4227 1374 0000
8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403	
9. ORGANIZATIONAL DESIGNATIONS: DDO/EA DIVISION	10. LOCATION OF OFFICIAL STATION: WASH., D.C.
11. POSITION TITLE: OPS OFFICER	12. POSITION NUMBER: 11408
13. SERVICE DESIGNATION: D	
14. CLASSIFICATION SCHEDULE (GS, 18, etc.): GS	15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 13 6	17. SALARY OR RATE: 24122
18. REMARKS:	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. NATURE CODE: 37	20. AUTHORITY CODE: 10	21. OFFICE CLASSIFICATION: 45080 EA	22. STATION CODE: 75013	23. INSTITUTION CODE	24. [illegible] CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF [illegible]
28. [illegible]	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. [illegible]			EOD DATA	33. [illegible] 34. SEX
35. [illegible]	36. SERV. COMP. DATE	37. LEGAL COMP. DATE	38. CAREER CATEGORY	39. [illegible]	40. HEALTH INSURANCE			41. SOCIAL SECURITY NO.
42. PREVIOUS CIVILIAN GOVERNMENT SERVICE			43. LEAVE CAT. CODE	44. [illegible]	45. STATE TAX DATA			

SIGNATURE OR OTHER AUTHENTICATION

POSTED
[illegible]

SECRET

F-488

1. SERIAL NO	2. NAME	3. ORGANIZATION	4. FUNDS	5. EWOP HOURS
017974	FOX JEROME	45 440	CA	

6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last EIS Date	Grade	Step	Salary	Effective Date	SI	ADJ.
GS 13	5	23,433 ~~$23,433~~	10/17/71	GS 13	6	24,122 ~~$24,122~~	10/14/73		

CERTIFICATION AND AUTHENTICATION

I CERTIFY THAT THE WORK OF THE [redacted] IS OF ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE [redacted] DATE 2 Oct 1973

☐ NO EXCESS EWOP 0

☒ IN PAY STATUS AT END OF WAITING PERIOD

☐ EWOP STATUS AT END OF WAITING PERIOD

CLERK'S INITIALS [redacted] AUDITED BY

FORM 7-66 560 E Use previous editions [redacted] PAY CHANGE NOTIFICATION 1148 (4-51)

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45 140	V	GS 13 5	$23,433

14 00000

KHN: 15 OCT 73

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER: 017974	2 NAME (LAST, FIRST, MIDDLE): FOX JEROME
3 NATURE OF PERSONNEL ACTION: REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS	4 EFFECTIVE DATE: 10 14 73
5 CATEGORY OF EMPLOYMENT: REGULAR	
6 FUNDS: X V TO V / CP TO V / V TO CP / CP TO CP	7 FAA AND NSA: 4237 1374 0000
8 CIC OR OTHER LEGAL AUTHORITY: 50 USC 403 J	
9 ORGANIZATIONAL DESIGNATIONS: DDO/EA DIVISION	10 LOCATION OF OFFICIAL STATION: WASH., D.C.
11 POSITION TITLE: OPS OFFICER	12 POSITION NUMBER: 4024
13 SERVICE DESIGNATION: D	
14 CLASSIFICATION SCHEDULE (GS, FB, etc.): GS	15 OCCUPATIONAL SERIES: 0136.01
16 GRADE AND STEP: 13 6	17 SALARY OR RATE: 24122
18 REMARKS	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE: 16	20 NATURE CODE: 10	21 OFFICE CODE: 45140	22 STATION CODE: EA	23 DUTY STATION CODE: 75013	24 HOURS CODE: 1	25 DATE CHANGE	26 DATE OF GRADE	27 DATE OF LEF
28 NTE EXPIRES	29 SPECIAL REFERENCE	30 [illegible] DATA	31 SEPARATION DATE CODE	32 [illegible]	EOD DATA	33 SECURITY BIO NO	34 SEX	
35 VET PREFERENCE	36 SERV COMP DATE	37 [illegible] COMP DATE	38 COMPETITIVE CATEGORY	39 [illegible] INSURANCE		40 SOCIAL SECURITY NO		
41 PREVIOUS CIVILIAN FEDERAL SERVICE	42 [illegible]	43 FEDERAL TAX DATA		44 STATE TAX DATA				

SIGNATURE OR OTHER AUTHENTICATION

10 [illegible]

[illegible] 10/16/73

SECRET

[illegible]

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER 11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45 440	CF	GS 13 5	$22,328

14 00000

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OLS 047 20/73

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
31/519	FLA JEROME

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	09 29 73	

6. FUNDS					7. FAM AND NSCA	8. CSC OR OTHER LEGAL AUTHORITY
		V TO V		V TO O	3137 1035 0000	
		O TO V	A	O TO O		

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
OWL/FE DIVISION	

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
OPS OFFICER	9935	C

14. CLASSIFICATION SCHEDULE (GS, GM, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0130-00	13	

18. REMARKS

SIGNATURE OF OTHER AUTHENTICATION

SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45 440	CF	GS 13 5	$21,237

F 22

1. SERIAL NO.	2. NAME	3. ORGANIZATION	4. FUNDS	5. LWOP HOURS
017974	FOX JEROME	45 440	CF	

6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	SF	ADJ.
GS 13	4	$19,537	10/19/69	GS 13	5	$20,129	10/17/71		

CERTIFICATION AND AUTHENTICATION

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE [redacted] DATE 7/6/72

☐ NO EXCESS LWOP

☐ IN PAY STATUS AT END OF WAITING PERIOD

☐ LWOP STATUS AT END OF WAITING PERIOD

CLERK'S INITIALS [redacted] AUDITED BY

FORM 360 E

PAY CHANGE NOTIFICATION

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	43 440	CF	GS 13 4	$19,537

14 00000

SECRET
(When Filled In)

SEPT 1 7?

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)
017274	FOX JEROME

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	08 21 70	REGULAR

6. FUNDS	V TO V		V TO CF	7. Financial Analysis for Congressional	8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	X	CF TO CF	1137 1633 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/FE	

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	4915	D

14. CLASSIFICATION SCHEDULE (GS, FR, WG)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	13 4	18437

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. AGENCY CODE	20. Country Code	21. OFFICE CODING Position	Authority	22. Nature of Action Code	23. Personnel Office Code	24. Personnel Code	25. Date of Birth	26. Date of Grade	27. Date of Step
37	10	45440	FE	57557		3			

28. Miscellaneous	29. Special Reference	30. Retirement Data	31. Separation Data Code	32. Commencement Date	33. Security Req. No.	34. SSN

EOD DATA

35. VET Preference	36. Serv. Comp. Date	37. Long. Comp. Date	38. Service Category	39. Health Insurance	40. Social Security No.

41. Tenure Civilian Government Service	42. Service Cat.	43. Federal Tax Data	44. State Tax Data

SIGNATURE OR OTHER AUTHENTICATION

POSTED
2 2 70 70

SECRET FVD

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1969, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	017974	45 440	CF	GS 13 4	$18,437

F22

1. SERIAL NO.	2. NAME	3. ORGANIZATION	4. FUNDS	5. LWOP HOURS
017974	FOX JEROME	45 440	CF	

6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	N	ADJ
GS 13	3	$16,865	10/20/68	GS 13	4	$17,393	10/19/69		

CERTIFICATION AND AUTHENTICATION

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE [redacted] DATE 6 Oct 69

9. [X] NO EXCESS LWOP

[ ] IN PAY STATUS AT END OF WAITING PERIOD

[ ] LWOP HOURS AT END OF WAITING PERIOD

2

776

TYPED INITIALS [redacted]

FORM 240 E PAY CHANGE NOTIFICATION

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FOX JEROME	027974	45	440	CE 05 13 3	$16,866

14 00000

SECRET
(When Filled In)

EVD: 2 MAY 69

NOTIFICATION OF PERSONNEL ACTION

OCT

1. SERIAL NUMBER	2. NAME (LAST, FIRST, MIDDLE)
017974	FOX JEROME

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO DA YR)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	05 02 69	REGULAR

6. FUNDS		V TO V		V TO CF	7. Financial Analysis No. Changeable	8. CSC OR OTHER LEGAL AUTHORITY
		CF TO V	X	CF TO CF	9137 1639 0000	50 USC 403 d

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/EE	

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	4947	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0135.01	13 3	15369

18. REMARKS

HOME BASE: FC

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employee Code	21. OFFICE CODE (Numeric)	(Alphabetic)	22. STATION CODE	23. INTEGEE CODE	24. Health Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF EEI
37	10	45440	FC	57957		3			

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. Conversion/Completion Date	BOD DATA	33. SECURITY REQ NO	34. SEX

35. VET PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. GRADE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED

SECRET

SF

14 00000

SECRET
(When Filled In)

JLB: 14 APR 69

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER	017974
2. NAME (LAST, FIRST, MIDDLE)	FOX JEROME
3. NATURE OF PERSONNEL ACTION	CONVERSION
4. EFFECTIVE DATE	"COB" 04 10 69
5. CATEGORY OF EMPLOYMENT	REGULAR
6. FUNDS	V TO V; V TO CP; CP TO V; X CP TO CP
7. Financial Assignment Designation	9137 1375 0000
8. CSC OR OTHER LEGAL AUTHORITY	50 USC 403 J
9. ORGANIZATIONAL DESIGNATION	DDP/FE
10. LOCATION OF OFFICIAL STATION	WASH., D.C.
11. POSITION TITLE	OPS OFFICER
12. POSITION NUMBER	4024
13. SERVICE DESIGNATION	D
14. CLASSIFICATION SCHEDULE (GS, GS, etc.)	GS
15. OCCUPATIONAL SERIES	0136.01
16. GRADE AND STEP	13 3
17. SALARY OR RATE	15363
18. REMARKS	WASH., D.C. HOME BASE: FE

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EFFECT CODE	21. OFFICE CODING		22. NATIONAL CODE	23. INTERAGENCY CODE	24. POSITION CODE	25. CAREER DATA	26. DATE OF CAREER	27. DATE OF LEO
56	10	45140	FE	75013		1			
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. Employee Organization Data				
33. VET PREFERENCE	34. SERV COMP DATE	35. LONG. COMP DATE		36. CAREER CATEGORY	37. HEALTH INSURANCE			38. SOCIAL SECURITY NO.	
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE		40. USA FICA CODE		41. FEDERAL TAX DATA			42. STATE TAX DATA		

EOD DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED

SECRET

PLW

Use Previous Editions

14 00000

SDF: 7 NOV 63

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ODF

1 SERIAL NUMBER: 017974	2 NAME (LAST FIRST MIDDLE): FOX JEROME
3 NATURE OF PERSONNEL ACTION: PROMOTION	4 EFFECTIVE DATE (MO DA YR): 10 20 63
5 CATEGORY OF EMPLOYMENT: REGULAR	
6 FUNDS: V TO V / V TO CP / CP TO V / X CP TO CP	7 Financial Analysis No. Chargeable: 9137 1375 0000
8 CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J	
9 ORGANIZATIONAL DESIGNATIONS: DDP/FE	10 LOCATION OF OFFICIAL STATION: WASH., D.C.
11 [redacted] OFS OFFICER	12 POSITION NUMBER: 4024
13 SERVICE DESIGNATION: D	
14 CLASSIFICATION SCHEDULE (GS, LB, etc.): GS	15 OCCUPATIONAL SERIES: 0136.01
16 GRADE AND STEP: 05 5 / 13 3	17 SALARY OR RATE: 13330 / 15369
18 REMARKS: WASH., D.C.	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 Trans. Code	21 OFFICE CODING (NUMERIC / ALPHABETIC)	22 STATION CODE	23 INTEGRE CODE	24 Nature Code	25 DATE OF BIRTH	26 DATE OF GRADE (MO DA YR)	27 DATE OF LEI (MO DA YR)
22	10	05140 FC	75013	S	1		10 20 68	10 20 68

28 NTE EXPIRES (MO DA YR)	29 SPECIAL REFERENCE	30 RETIREMENT DATA (1 - CSC, 2 - Cat. A, 3 - Cat. B, 4 - None) / CODE	31 SEPARATION DATA CODE	32 Correction / Cancellation Data (TYPE, MO DA YR)	EOD DATA	33 SECURITY REQ NO	34 SER

35 VET PREFERENCE (CODE; 0 - NONE, 1 - 5 PT, 2 - 10 PT)	36 SERV. COMP. DATE (MO DA YR)	37 LONG. COMP. DATE (MO DA YR)	38 CAREER CATEGORY (CAR, REV, PROB, TEMP)	39 FEGLI / HEALTH INSURANCE (CODE; 0 - WAIVED, 1 - YES)	40 SOCIAL SECURITY NO

41 PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE; 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (MORE THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS))	42 LEAVE CAT. CODE	43 FEDERAL TAX DATA (FORM EXECUTED: 1 - YES, 2 - NO; CODE; NO. TAX EXEMPTIONS)	44 STATE TAX DATA (FORM EXECUTED: 1 - YES, 2 - NO; CODE; NO. TAX EXEMPTIONS; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED
11-9-68

FORM 5-66 1150 May 70 67 — Use Previous Edition

SECRET

JLB

Excluded from automatic downgrading and declassification

(When Filled In)

14 00000

58

1. SERIAL NO.	2. NAME	3. ORGANIZATION	4. FUNDS	5. LWOP HOURS
017974	FOX JEROME	45 140	CF	

6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last SH. Date	Grade	Step	Salary	EFFECTIVE DATE	BI	ADJ.
GS 12	5	13798	09/11/66	GS 12	6	11204	09/08/68		

CERTIFICATION AND AUTHENTICATION

I CERTIF[redacted] EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE [redacted] DATE

☐ NO EXCESS LWOP

☐ IN PAY STATUS AT END OF WAITING PERIOD

3 000

CLERK'S INITIALS [redacted] BY

FORM 7-46 560 E Use previous editions PAY CHANGE NOTIFICATION (4-51)

COMPENSATION

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FOX JEROME	017974	45 140	CF	GS 12 5	$12,989	$13,798

JLB: 17N MAY 68

SECRET
(When Filled In)

ODF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 017974	2. NAME (LAST-FIRST-MIDDLE): FOX JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT	4. EFFECTIVE DATE: MO 05 DA 19 YR 68
5. CATEGORY OF EMPLOYMENT: REGULAR	
6. FUNDS: V TO V; V TO CF; CF TO V; X CF TO CF	7. Financial Analysis No. Chargeable: 8137 1375 0000
8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS: DDP/FE	10. LOCATION OF OFFICIAL STATION: WASH., D.C.
11. POSITION TITLE: [redacted]	12. POSITION NUMBER: 4025
13. SERVICE DESIGNATION: D	
14. CLASSIFICATION SCHEDULE (GS, LD, etc.): GS	15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 05 5 / 12 5	17. SALARY OR RATE: 12604 / 12989
18. REMARKS: WASH., D.C.	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employee Code	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STATION CODE	23. INTEGRITY CODE	24. Hours Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	10	45140 / FE	75013	S	1			

28. PATE EXPIRES	29. SPECIAL PREFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. Current Appointment Data	EOD DATA	33. SECURITY REQ NO	34. SEX
MO DA YR		1 CSC 2 CSA 3 FICA 5 None / CODE		TYPE / MO DA YR			

35. VET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO
CODE: 0 None, 3 10 pt, 5 10 pt	MO DA YR	MO DA YR	CAR / FROM / TO / CODE	CODE: 0 Waived, 1 YES / HEALTH INS CODE	

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA
CODE: 0 NO PREVIOUS SERVICE, 1 NO BREAK IN SERVICE, 2 BREAK IN SERVICE LESS THAN 3 YRS, 3 BREAK IN SERVICE MORE THAN 3 YRS		NUMB EXEMPTIONS / CODE / NO TAX EXEMPTIONS	NUMB EXEMPTIONS: 1 YES, 2 NO / CODE / NO TAX EXEMPT / STATE CODE

SIGNATURE OR OTHER AUTHENTICATION

POSTED
[illegible] 5/20/68

Form 1150 Use Previous Editions

SECRET

PLW

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FOX JEROME	017974	45 997	CF	GS 12 5	$12,443	$12,989

14 00000

FVO: 1 APR 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 017974	2. NAME (LAST FIRST MIDDLE): FOX JEROME
3. NATURE OF PERSONNEL ACTION: SUSPENSION FOR THREE WORKING DAYS	4. EFFECTIVE DATE (MO DA YR): 04 01 68
5. CATEGORY OF EMPLOYMENT: REGULAR	
6. FUNDS: V TO V / V TO CF / CF TO V / X CF TO CF	7. Financial Analysis No. Chargeable: 5137 1375 0000
8. CSC OR OTHER LEGAL AUTHORITY: 5C USC 403 J	
9. ORGANIZATIONAL DESIGNATION: ODP/FE DEVELOPMENT COMPLEMENT	10. LOCATION OF OFFICIAL STATION: WASH., D.C.
11. POSITION TITLE: CPS OFFICER	12. POSITION NUMBER: 9997
13. SERVICE DESIGNATION: D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): FSR / GS	15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 05 5 / 12 5	17. SALARY OR RATE: 12604 / 12959

18. REMARKS:
SUSPENDED FOR THREE WORKING DAYS FOR INFRACTION OF AGENCY PHYSICAL SECURITY REGULATIONS. TO RETURN TO DUTY BOB 4 APRIL 1968. EMPLOYEE IS WARNED THAT FURTHER VIOLATIONS WILL BE VIEWED WITH EXTREME SERIOUSNESS.
OTHER

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMBER, ALPHABETIC)	22. STATION CODE	23. INTEGEE CODE	24. Health Code	25. DATE OF BIRTH	26. DATE OF GRADE (MO DA YR)	27. DATE OF LEI (MO DA YR)
28. NTE EXPIRES (MO DA YR)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 CSC, 2 Fed, 3 FICA, 4 None) CODE	31. SEPARATION DATA CODE	32. Correction/Cancellation Data (TYPE, MO DA YR)	EOD DATA	33. SECURITY REQ NO	34. SEX	
35. VET. PREFERENCE (CODE; 0 None, 1 5 Pt, 2 10 Pt)	36. SERV. COMP. DATE (MO DA YR)	37. LONG. COMP. DATE (MO DA YR)	38. CAREER CATEGORY (CAR, PROV, REAP, CODE)	39. FEGLI/HEALTH INSURANCE (CODE; 0 Waiver, 1 YES; HEALTH INS CODE)		40. SOCIAL SECURITY NO		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE; 0 NO PREVIOUS SERVICE, 1 NO BREAK IN SERVICE, 2 BREAK IN SERVICE (LESS THAN 3 YRS), 3 BREAK IN SERVICE (MORE THAN 3 YRS))		42. LEAVE CAT CODE	43. FEDERAL TAX DATA (FORM EXECUTED 1 YES 2 NO; CODE; NO TAX EXEMPTIONS)		44. STATE TAX DATA (FORM EXECUTED 1 YES 2 NO; CODE; TAX TAX EXEMP; STATE CODE)			

SIGNATURE OR OTHER AUTHENTICATION

POSTED
4-1-68

FORM 346 1150 Mfg TO-67 Use Previous Editions

SECRET

SF

(When Filled In)

14 00000

SECRET
(When Filled In)

25 27 NOV 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
017974	FOX JEROME

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR.)	5. CATEGORY OF EMPLOYMENT
	11 21 67	REGULAR

6. FUNDS		V TO V		V TO CF	7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
		CF TO V	X	CF TO CF	8137 1375 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/FE DEVELOPMENT COMPLEMENT	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	9997	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	05 5 12 5	12074 12443

18. REMARKS OTHER

MARITAL STATUS-MARRIED

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ. Code	21. OFFICE CODE (NUMERIC)	(ALPHABETIC)	22. STATION CODE	23. INTERCEPT CODE	24. Hours Code	25. DATE OF BIRTH	26. DATE OF GRADE (MO. DA. YR.)	27. DATE OF LEI (MO. DA. YR.)
55	13	15997	FE	75013	S	1			

28. NTE EXPIRES (MO. DA. YR.)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - CIA, 3 - FICA, 4 - NONE)	CODE	31. SEPARATION DATE CODE	32. CORRECTION/CANCELLATION DATA (TYPE, MO. DA. YR.)	EOD DATA	33. SECURITY REQ NO.	34. SER.

35. VET. PREFERENCE (CODE; 0 - NONE, 1 - 5 PT, 2 - 10 PT)	36. SERV. COMP. DATE (MO. DA. YR.)	37. TORD COMP. DATE (MO. DA. YR.)	38. CAREER CATEGORY (CAR. DEV. PROB. TEMP.)	CODE	39. FEGLI/HEALTH INSURANCE CODE	(0 - WAIVED, 1 - YES)	HEALTH INS. CODE	40. SOCIAL SECURITY NO

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE; 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS))	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA (FORM EXECUTED 1 - YES, 2 - NO)	CODE	NO. TAX EXEMPTIONS	44. STATE TAX DATA (FORM EXECUTED 1 - YES, 2 - NO)	CODE	NO. TAX EXEMPT	STATE CODE

SIGNATURE OR OTHER AUTHENTICATION

POSTED
R.S.
11-27-67

PLW

FORM 1150 Use Previous Edition

SECRET

(When Filled In)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 017974	2. NAME (LAST-FIRST-MIDDLE): COX JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS	4. EFFECTIVE DATE: MO DA YR 11 12 67
5. CATEGORY OF EMPLOYMENT: REGULAR	
6. FUNDS: V TO V [ ]; X V TO CF [ ]; CF TO V [ ]; CF TO CF [ ]	7. Financial Analysis No. Chargeable: 0137 1932 0000
8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 402 J	
9. ORGANIZATIONAL DESIGNATIONS: DDP/FE FE DEVELOPMENT COMPLEMENT	10. LOCATION OF OFFICIAL STATION: WASH., D.C.
11. POSITION TITLE: CIS OFFICER	12. POSITION NUMBER: 1197
13. SERVICE DESIGNATION: D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS	15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 12-5	17. SALARY OR RATE: 12443
18. REMARKS: TRAINING	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employee Code	21. OFFICE CODING (Numeric / Alphabetic)	22. STATION CODE	23. INTEGRER CODE	24. Health Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
200	13	45997 / FE	7513		1			

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO.	34. SEX

EOD DATA

35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. REGIST./HEALTH INSURANCE	40. SOCIAL SECURITY NO

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA

SIGNATURE OR CARD AUTHENTICATION

FILMED 11/8/67

Form 1150 Use Previous Editions

SECRET FVD

(When Filled In)

14 00000

SECRET
(When Filled In)

BJT: 25 MAY 67

NOTIFICATION OF PERSONNEL ACTION

OCE

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)
017974	FOX JEROME

3. NATURE OF PERSONNEL ACTION	4. EFFECTIVE DATE (MO. DA. YR.)	5. CATEGORY OF EMPLOYMENT
REASSIGNMENT	05 21 67	REGULAR

6. FUNDS	X	V TO V		V TO CF	7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
		CF TO V		CF TO CF	7237 1385 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/FE	WASH., D.C.

11. POSITION TITLE	12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER	3877	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	12 5	12443

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMERIC)	(ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Hours Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF EST.
37	10	45140	FE	75013		1			

28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	33. SECURITY REQ NO.	34. SER

EOD DATA

35. VET. PREFERENCE	36. SERV. COMP. DATE	37. RETIR. COMP. DATE	38. CAREER CATEGORY	39. FEGLI	40. HEALTH INSURANCE	40. SOCIAL SECURITY NO.

41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED

Form 1150 Use Previous Editions

SECRET BJT (When Filled In)

14 00000

MRT: 17 NOV 66

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	017974
2. NAME (LAST-FIRST-MIDDLE)	FOX JEROME
3. NATURE OF PERSONNEL ACTION	REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS
4. EFFECTIVE DATE (MO. DA. YR.)	11 20 66
5. CATEGORY OF EMPLOYMENT	REGULAR
6. FUNDS	X
7. COST CENTER NO. CHARGEABLE	7237 1385 0000
8. CSC OR OTHER LEGAL AUTHORITY	50 USC 403 J
9. ORGANIZATIONAL DESIGNATION	DDP/FE
10. LOCATION OF OFFICIAL STATION	WASH., D.C.
11. POSITION TITLE	OPS OFFICER
12. POSITION NUMBER	4025
13. SERVICE DESIGNATION	D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	GS
15. OCCUPATIONAL SERIES	0136.01
16. GRADE AND STEP	12 5
17. SALARY OR RATE	12443
18. REMARKS	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Empty Code	21. OFFICE CODE (Numeric)	(Alphabetic)	22. STATION CODE	23. INTERCEPT CODE	24. Empty Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEO
16	10	45140	FE	75013		1			

28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	34. SEX
					EOD DATA		

35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LOCAL COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT. (CODE)	43. FEDERAL TAX DATA	44. STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

SECRET

(When Filled In)

14 00000

RZF: 26 SEPT 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 017374	2. NAME (LAST-FIRST-MIDDLE): FOX JEROME
3. NATURE OF PERSONNEL ACTION: DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM	4. EFFECTIVE DATE: MO. 09 DA. 25 YR. 66 — 5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: F TO F / CF TO F / F TO CF / X / CF TO CF	7. COST CENTER NO. CHARGEABLE: 7137 1487 0000 — 8. CSC OR OTHER LEGAL AUTHORITY: PL 88-643 SECT. 203
9. ORGANIZATIONAL DESIGNATIONS: DCP/FE	10. LOCATION OF OFFICIAL STATION: SAIGON, SOUTH VIET NAM
11. POSITION TITLE:	12. POSITION NUMBER: — 13. SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, LD, etc.): — 15. OCCUPATIONAL SERIES:	16. GRADE AND STEP: 12 — 17. SALARY OR RATE:

18. REMARKS
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. NATURE CODE	20. Employee Code	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STATION CODE	23. INTEGREE CODE	24. Health Code	25. DATE OF BIRTH MO. DA. YR.	26. DATE OF GRADE MO. DA. YR.	27. DATE OF EST. MO. DA. YR.
28. NTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA: 1. CSC 2. FICA 3. NONE — CODE 2	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA: TYPE, MO. DA. YR.	EOD DATA	33. SECURITY REQ. NO.	34. SEX	
35. VET. PREFERENCE: CODE, 0. NONE, 1. 5 PT., 2. 10 PT.	36. SERV. COMP. DATE MO. DA. YR.	37. LONG. COMP. DATE MO. DA. YR.	38. CAREER CATEGORY: CAT., SERV., PROF., TEMP.	39. FEGLI / HEALTH INSURANCE: CODE, CODE, 0. WAIVED, 1. YES, HEALTH INS CODE		40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA: CODE, 0. NO PREVIOUS SERVICE, 1. NO BREAK IN SERVICE, 2. BREAK IN SERVICE LESS THAN 1 YEAR, 3. BREAK IN SERVICE MORE THAN 1 YEAR		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA: FORM SUBMITTED, 1. YES, 2. NO, CODE, NO. TAX EXEMPTIONS		44. STATE TAX DATA: FORM EXECUTED, 1. YES, 2. NO, CODE, NO. TAX EXEMP., STATE CODE			

SIGNATURE OR OTHER AUTHENTICATION

POSTED
9.27.66/[illegible]

7C-B 1130 Use Previous Editions

SECRET

LEAF
Separate the personnel
Direction and
Separate

(When Filled In)

123

1 Serial No.	2 Name	3 Cost Center Number	4 Employee Number
017974	FOX JEROME	45 500 CF	

5 OLD SALARY RATE				6 NEW SALARY RATE				7 TYPE ACTION		
Grade	Step	Salary	Last PR Date	Grade	Step	Salary	Effective Date	PSL	LIS	ADJ
GS 12	4	$11,723 12064	09/13/64	GS 12	5	$12,041 12043	09/11/66			

8 Remarks and Authorizations

(4) NO EXCESS LWOP
IN PAY STATUS AT END OF WAITING PERIOD
LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: [illegible] DATE 8/24/66

PAY CHANGE NOTIFICATION

Form 560E (May 1965)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	CR-CTR		OLD SALARY	NEW SALARY
FOX JEROME	017974	45	500	CF	GS 12 4	$11,723	$12,064

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FOX JEROME	017974	45 500	CF	GS 12 4	$11,315	$11,723

ADJUSTMENT OF SALARY RATE IN ACCORDANCE WITH THE SCHEDULES OF THE GOVERNMENT EMPLOYEES SALARY REFORM ACT OF 1964 PURSUANT TO THE AUTHORITY OF THE DIRECTOR OF CENTRAL INTELLIGENCE AS PROVIDED IN THE CENTRAL INTELLIGENCE AGENCY ACT OF 1949, AS AMENDED, AND POLICY DIRECTIVE ISSUED BY THE ACTING DIRECTOR OF CENTRAL INTELLIGENCE DATED 8 OCTOBER 1962.

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.

GENERAL SCHEDULE RATES
Federal Employees Salary Act of 1964

GRADE	*Per Annum Rates and Steps*									
	1	2	3	4	5	6	7	8	9	10
GS- 1	$3,385	$3,500	$3,615	$3,730	$3,845	$3,960	$4,075	$4,190	$4,305	$4,420
GS- 2	3,680	3,805	3,930	4,055	4,180	4,305	4,430	4,555	4,680	4,805
GS- 3	4,005	4,140	4,275	4,410	4,545	4,680	4,815	4,950	5,085	5,220
GS- 4	4,480	4,630	4,780	4,930	5,080	5,230	5,380	5,530	5,680	5,830
GS- 5	5,000	5,165	5,330	5,495	5,660	5,825	5,990	6,155	6,320	6,485
GS- 6	5,505	5,690	5,875	6,060	6,245	6,430	6,615	6,800	6,985	7,170
GS- 7	6,050	6,250	6,450	6,650	6,850	7,050	7,250	7,450	7,650	7,850
GS- 8	6,630	6,850	7,070	7,290	7,510	7,730	7,950	8,170	8,390	8,610
GS- 9	7,220	7,465	7,710	7,955	8,200	8,445	8,690	8,935	9,180	9,425
GS-10	7,900	8,170	8,440	8,710	8,980	9,250	9,520	9,790	10,060	10,330
GS-11	8,650	8,945	9,240	9,535	9,830	10,125	10,420	10,715	11,010	11,305
GS-12	10,250	10,605	10,960	11,315	11,670	12,025	12,380	12,735	13,090	13,445
GS-13	12,075	12,495	12,915	13,335	13,755	14,175	14,595	15,015	15,435	15,855
GS-14	14,170	14,660	15,150	15,640	16,130	16,620	17,110	17,600	18,090	18,580
GS-15	16,460	17,030	17,600	18,170	18,740	19,310	19,880	20,450	21,020	21,590
GS-16	18,935	19,590	20,245	20,900	21,555	22,210	22,865	23,520	24,175	
GS-17	21,445	22,195	22,945	23,695	24,445					
GS-18	24,300									

DLB: 30 SEPT 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 017974	2. NAME (LAST-FIRST-MIDDLE): FOX JEROME
3. NATURE OF PERSONNEL ACTION: (CANCELLATION)	4. EFFECTIVE DATE: 09 18 64
5. CATEGORY OF EMPLOYMENT: REGULAR	6. FUNDS: X
7. COST CENTER NO. CHARGEABLE: 5137 1392 0000	8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS: DDP FE CS/CS DEVELOPMENT COMPLEMENT	10. LOCATION OF OFFICIAL STATION: WASH., D. C.
11. POSITION TITLE: OPS OFFICER	12. POSITION NUMBER: 9997
13. SERVICE DESIGNATION: D.	14. CLASSIFICATION SCHEDULE (GS, LG, etc.): GS
15. OCCUPATIONAL SERIES: 0136.01	16. GRADE AND STEP: 05 2 / 12 4
17. SALARY OR RATE: 10290 / 11315	18. REMARKS: ADMIN ERROR

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

21. ACTION CODE: 01	22. STATION CODE: 75013	23. INTERAGENCY CODE: 1	24. NATURE CODE: 1	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. EST. EFFECT DATE	31. PARAGRAPH DATA CODE	32. CORRECTION/CANCELLATION DATA	EOD DATA	33. SECURITY REQ NO.	34. SER	
35. SEP PROVISION CODE	36. SERV COMP DATE	37. COMP. COMP DATE	38. CAREER CATEGORY	39. RETIREMENT INSURANCE		40. SOCIAL SECURITY NO.		
41. PREVIOUS GOVERNMENT SERVICE DATA		42. GRADE CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA			

SIGNATURE OR OTHER AUTHENTICATION

POSTED
10/22/64 JK

SECRET
(When Filled In)

14 00000

DLS: 23 SEPT 64

SECRET
(When Filled In)

ODF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 017974	2. NAME (LAST-FIRST-MIDDLE): FOX JEROME
3. NATURE OF PERSONNEL ACTION:	4. EFFECTIVE DATE: 09 18 64
	5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS:	7. COST CENTER NO. (CHARGEABLE): 5137 1392 (000)
	8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J
9. ORGANIZATIONAL DESIGNATION: DDP FE CS/CS DEVELOPMENT COMPLEMENT	10. LOCATION OF OFFICIAL STATION: WASH., D. C.
11. POSITION TITLE: OPS OFF	12. POSITION NUMBER: 9997
	13. SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE: GS	15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 05 2 / 12 4	17. SALARY OR RATE: 10290 / 11315
18. REMARKS:	

FINALIZING

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING	22. STATION CODE	23. INTEGRER CODE	24. Pay Plan Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF EST
55	13	45997 FE	25013	1	1			

28. DTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CONSULTATION CONSULTATION DATE	EOD DATA	33. SECURITY REQ NO.	34. SEP.

35. VET PREFERENCE	36. SERV. COMP DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. RET. / HEALTH INSURANCE	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA

RIGHT USE ON OTHER AUTHENTICATION

10 SEP

SECRET

(When Filled In)

FORM 1150 Use Previous Editions

14 00000

JGO: 11 SEPT 64

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 017974	2. NAME (LAST-FIRST-MIDDLE): FOX JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS	4. EFFECTIVE DATE: 09 13 64 / 5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: X	7. COST CENTER NO. CHARGEABLE: 5137 1392 0000 / 8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J
9. ORGANIZATIONAL DESIGNATION: DDP/FE CS/CS DEVELOPMENT COMPLEMENT	10. LOCATION OF OFFICIAL STATION: [redacted] WASH., D. C.
11. POSITION TITLE: OPS OFFICER	12. POSITION NUMBER: 9997 / 13. SERVICE DESIGNATION: D
14. CLASSIFICATION SCHEDULE (GS, FR, etc.): GS / 15. OCCUPATIONAL SERIES: 0136.01	16. GRADE AND STEP: 12 4 / 17. SALARY OR RATE: 11315

18. REMARKS
TRAINING.
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. [illegible] CODE	21. OFFICE CODING NUMERIC	ALPHABETIC	22. STATION CODE	23. INTEGRITY CODE	24. [illegible] CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF EST
20	13	45997	FE	75013		1			

28. DTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. [illegible] DATA	33. SECURITY REQ NO	34. SEX
				EOD DATA		

35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. [illegible]	40. SOCIAL SECURITY NO

41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

FROM: FE

EOD

13 SEP 1964 SECRET

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
017974	FOX JEROME	27 RF 45 160 V	

5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EW Date	Grade	Step	Salary	Effective Date	PM	LBI	ADJ
GS 12	3	10,960	09/19/63	GS 12	4	11,315	09/13/64			

8. Remarks and Authorization

/ / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE DATE

PAY CHANGE NOTIFICATION

Form 560 Obsolete Previous Edition (6-61)

SEP 1 - 10 38 AM '65 PAYMENT BRANCH

DEC 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. NUMBER: 017974	2. NAME (LAST-FIRST-MIDDLE): FOX JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT	4. EFFECTIVE DATE: 12 02 64
5. CATEGORY OF EMPLOYMENT: REGULAR	
6. FUNDS: V TO V / V TO CF / CF TO V / X CF TO CF	7. COST CENTER NO. CHARGEABLE: 5137 1487 0000
8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS: DDP FE FE/VNC - SAIGON STATION INTERNAL OPS BRANCH IOB CAPITAL OPS SECTION	10. LOCATION OF OFFICIAL STATION: SAIGON, SOUTH VIET NAM
11. POSITION TITLE: OPS OFFICER	12. POSITION NUMBER: 4608
13. SERVICE DESIGNATION: D	
14. CLASSIFICATION SCHEDULE (GS, GS, etc.): GS	15. OCCUPATIONAL SERIES: 0136.01
16. GRADE AND STEP: 12 4	17. SALARY OR RATE: 11315
18. REMARKS	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 Employee Code	21 OFFICE CODING Number	Alphabetic	22 STATION CODE	23 INTEGRATED CODE	24 Nature Code	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEV
37	10	45300	FE	77205		3			

28 NTE EXPIRES | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA | 31 SEPARATION DATA CODE | 32 CONVERSION/REINSTATEMENT DATE | EOD DATA | 33 SECURITY REQ NO. | 34 SER

35 VET PREFERENCE | 36 STEP COST CODE | 37 LONG COST DATE | 38 LEAVE CATEGORY | 39 PERSONNEL DATA CHANGE | 40 SOCIAL SECURITY NO.

41 PREVIOUS GOVERNMENT SERVICE DATA | 42 LEAVE DUE | 43 FEDERAL TAX DATA | 44 STATE TAX DATA

SIGNATURE OF OFFICER AUTHENTICATING

SECRET

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPD 09/01/64

1 SERIAL NUMBER	2 NAME (LAST FIRST MIDDLE)
017974	FOX JEROME

3 NATURE OF PERSONNEL ACTION	4 EFFECTIVE DATE (MO DA YR)	5 CATEGORY OF EMPLOYMENT
REASSIGNMENT	08 31 64	

6 FUNDS	X	V TO V		V TO U	7 COST CENTER NO CHARGEABLE	8 CSC OR OTHER LEGAL AUTHORITY
		U TO V		U TO U	5237 1352 0000	

9 ORGANIZATIONAL DESIGNATIONS	10 LOCATION OF OFFICIAL STATION
DDP/FE DIVISION FE VNC NORTH VIETNAM SEC	WASH., D. C.

11 POSITION TITLE	12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION
OPS OFFICER	4429	D

14 CLASSIFICATION SCHEDULE (GS, LB etc)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0136.01	12	

18 REMARKS

SIGNATURE OR OTHER AUTHENTICATION

POSTED

9/1/64 [illegible]

SECRET

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
FOX JEROME	017974	45 160	V	GS 12 3	$10,105	$10,640

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
017974	FOX JEROME	50 160 V 7	

5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 12	2	$ 9,790	09/16/62	GS 12	3	$10,105	09/15/63			

8. Remarks and Authentication

/ / NO EXCESS LWOP
/ / IN PAY STATUS AT END OF WAITING PERIOD
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE DATE

PAY CHANGE NOTIFICATION

Form 500

14 00000

RZR: 29 APR 63

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 017974	2. NAME (LAST-FIRST-MIDDLE): FOX JEROME
3. NATURE OF PERSONNEL ACTION: REASSIGNMENT AND CHANGE OF SERVICE DESIGNATION	4. EFFECTIVE DATE: MO. 04 DA. 29 YR. 63
5. CATEGORY OF EMPLOYMENT: REGULAR	
6. FUNDS: X V TO V / V TO CF / CF TO V / CF TO CF	7. COST CENTER NO. CHARGEABLE: 3237 1250 1000
8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS: DDP/FE FE/VCL - VIETNAM - CAMBODIA - LAOS VIETNAM OPERATIONS SECTION FI/CI OPERATIONS UNIT	10. LOCATION OF OFFICIAL STATION: WASH., D.C.
11. POSITION TITLE: OPS OFFICER	12. POSITION NUMBER: 2003
13. SERVICE DESIGNATION: D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): CS	15. OCCUPATIONAL SERIES: 0135.01
16. GRADE AND STEP: 12 2	17. SALARY OR RATE: 9790
18. REMARKS:	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ Code	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STATION CODE	23. INTERNAL CODE	24. Health Code	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF EOD
37	10	56100 / FE	75013		1			

28. REG. EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA	EOD DATA	33. SECURITY	34. SEX

35. VET. PREFERENCE	36. SERV COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEGLI / HEALTH INSURANCE	40. SOCIAL SECURITY NO

41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA

SIGNATURE OR OTHER AUTHENTICATION

POSTED
ostolesk

Use Previous Editions 29 APR 1963 SECRET

14 00000

ABM: 20 DEC 62

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	017974
2. NAME (LAST-FIRST-MIDDLE)	FOX JEROME
3. NATURE OF PERSONNEL ACTION	REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS
4. EFFECTIVE DATE (MO. DA. YR.)	12 23 62
5. CATEGORY OF EMPLOYMENT	REGULAR
6. FUNDS	X: V TO V; CF TO V; V TO CF; CF TO CF
7. COST CENTER NO. CHARGEABLE	3257 1019 6000
8. CSC OR OTHER LEGAL AUTHORITY	50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS	DDI ORR OFFICE OF THE ASSISTANT DIRECTOR
10. LOCATION OF OFFICIAL STATION	WASH., D. C.
11. POSITION TITLE	
12. POSITION NUMBER	1564
13. CAREER-SERVICE DESIGNATION	IR
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	GS
15. OCCUPATIONAL SERIES	1390.08
16. GRADE AND STEP	12 2
17. SALARY OR RATE	9790
18. REMARKS	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	16
20. Employ. Code	10
21. OFFICE CODING (NUMERIC / ALPHABETIC)	88100 / ORR
22. STATION CODE	75013
23. INTEGREE CODE	
24. Hqtrs. Code	1
25. DATE OF BIRTH	
26. DATE OF GRADE (MO. DA. YR.)	
27. DATE OF LEI (MO. DA. YR.)	
28. NTE EXPIRES (MO. DA. YR.)	
29. SPECIAL REFERENCE	
30. RETIREMENT DATA (1 - CSC; 2 - FICA; 3 - ACSW) / CODE	
31. SEPARATION DATA CODE	
32. CORRECTION/CANCELLATION DATA (TYPE / MO. DA. YR.)	
EOD DATA	
33. SECURITY REQ. NO.	
34. SEX	
35. VET. PREFERENCE (CODE; 0 - NONE, 1 - 5 PT, 2 - 10 PT)	
36. SERV. COMP. DATE (MO. DA. YR.)	
37. LONG. COMP. DATE (MO. DA. YR.)	
38. CAREER CATEGORY (CAR. / PROV. / HEST / TEMP)	
39. FEGLI / HEALTH INSURANCE (CODE; 0 - WAIVED, 1 - YES; HEALTH INS CODE)	
40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA (CODE; 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE LESS THAN 3 YRS, 3 - BREAK IN SERVICE MORE THAN 3 YRS)	
42. LEAVE CAT CODE	
43. FEDERAL TAX DATA (FORM EXECUTED: 1 - YES, 2 - NO; CODE; NO. TAX EXEMPTIONS)	
44. STATE TAX DATA (FORM EXECUTED: 1 - YES, 2 - NO; CODE; NO. TAX EXEMP; STATE CODE)	

SIGNATURE OR OTHER AUTHENTICATION

OSTED

Use Previous Edition

SECRET
(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND DCI MEMORANDUM DATED 1 AUGUST 1956 , SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST	OLD SALARY	NEW GR-ST	NEW SALARY
FOX JEROME	017974	70530	CF	12 2	$ 9215	12 2	$ 9700

1. Serial No.	2. Name	3. Cost Center Number	4. LWOP Hours
017974	FOX JEROME	70 530 CF 3	

5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Prior EN. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 12	1	$ 8,955	03/19/61	GS 12	2	$ 9,215	09/16/62			

8. Remarks and Authentication

4

742

/ / NO EXCESS LWOP / / EXCESS LWOP

/ / IN PAY STATUS AT END OF WAITING PERIOD

/ / IN LWOP STATUS AT END OF WAITING PERIOD

CLERKS INITIALS AUDITED BY

PAY CHANGE NOTIFICATION

Form 2-51 500

PSC: 17 MARCH 1961

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 017974	2. NAME (LAST-FIRST-MIDDLE): FOX JEROME
3. NATURE OF PERSONNEL ACTION: PROMOTION	4. EFFECTIVE DATE (MO. DA. YR.): 03 19 61 — 5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V TO V / V TO CF / CF TO V / X CF TO CF	7. COST CENTER NO. CHARGEABLE: 1137 7000 6135 — 8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 d
9. ORGANIZATIONAL DESIGNATIONS: OFFICE OF DDI (TOKYO) STRATEGIC INTELLIGENCE STAFF	10. LOCATION OF OFFICIAL STATION: TOKYO, JAPAN
11. POSITION TITLE:	12. POSITION NUMBER: 0096 — 13. CAREER SERVICE DESIGNATION: IR
14. CLASSIFICATION SCHEDULE (GS, WB, WL, WS): GS — 15. OCCUPATIONAL SERIES: 1390.08	16. GRADE AND STEP: 12 1 — 17. SALARY OR RATE: 8955
18. REMARKS:	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. Employ. Code	21. OFFICE CODING (NUMERIC / ALPHABETIC)	22. STATION CODE	23. INTEGRATE CODE	24. Health Code	25. DATE OF BIRTH	26. DATE OF GRADE (MO. DA. YR.)	27. DATE OF EOD (MO. DA. YR.)
22	10	70530 / DDI	37587		3		03 19 61	03 19 61

28. NTE EXPIRES (MO. DA. YR.)	29. SPECIAL REFERENCE	30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE)	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA (TYPE, NO., DA., YR.)	EOD DATA	33. SECURITY REQ. NO.	34. SEX

35. VET. PREFERENCE (CODE: 0 - NONE, 1 - 5 PT., 2 - 10 PT.)	36. SERV. COMP. DATE (MO. DA. YR.)	37. LONG COMP. DATE (MO. DA. YR.)	38. MIL. SERV. CREDIT/LCD (1 - YES, 2 - NO)	39. FEGLI / HEALTH INSURANCE (CODE; CODE: 0 - DENIED, 1 - YES; HEALTH INS. CODE)	40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA (CODE: 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 1 YR.), 3 - BREAK IN SERVICE (MORE THAN 1 YR.))	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA (FORM EXECUTED: 1 - YES, 2 - NO; CODE; NO. TAX EXEMPTIONS)	44. STATE TAX DATA (FORM EXECUTED: 1 - YES, 2 - NO; CODE; NO. TAX EXEMPTIONS; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

POSTED
Mar 28-61

Form 6-60 1150 Obsolete Previous Editions

SECRET

14 00000

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT
517974	FOX JEROME	001 3	UV	

6. OLD SALARY RATE

GRADE	STEP	SALARY	LAST EFFECTIVE DATE MO	DA	YR
GS 11	2	$ 7,820	04	19	59

7. NEW SALARY RATE

GRADE	STEP	SALARY	EFFECTIVE DATE MO	DA	YR
GS 11	3	$ 8,080	10	16	60

TO BE COMPLETED BY THE OFFICE OF COMPTROLLER

8. CHECK ONE ☐ NO EXCESS LWOP ☐ EXCESS LWOP
IF EXCESS LWOP, CHECK FOLLOWING:
☐ IN PAY STATUS AT END OF WAITING PERIOD
☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP

10. INITIALS OF CLERK

11. AUDITED BY

TO BE COMPLETED BY THE OFFICE OF PERSONNEL

12. TYPE OF ACTION
☐ P.R.I. ☐ L.R.I. ☐ PAY ADJUSTMENT

13. REMARKS

14. AUTHENTICATION

WR

PAY CHANGE NOTIFICATION

FORM 560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b. **SECRET** OFFICIAL PERSONNEL FOLDER (4)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

GD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
IR	FOX JEROME	517974	18 25	GS-11 2	$ 7,270	$ 7,820

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS A CHANGE IN OCCUPATIONAL SERIES RESULTING FROM APPLICATION OF STAFFING COMPLEMENT CHANGE AUTHORIZATION NUMBER 22 DATED 1 JULY 1960.

SD	NAME	SERIAL	ORGN	OLD OCC SERIES	NEW OCC SERIES
IR	FOX JEROME	517974	18 23	1390.06	1390.08

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

14 00000

SECRET

(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

JFC:7 JULY 59

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Pref.	5. Sex	6. CS-EOD
517974	FOX JEROME		None-0 5 Pt-1 10 Pt-2 / Code 1	M 1	Mo. 06 Da. 15 Yr. 55

7. SCD	8. CSC Retmt.	9. CSC Or Other Legal Authority	10. Apmt. Affidav.	11. FEGLI	12. LCD	13. Retmt. Plan
Mo. 04 Da. 16 Yr. 54	Yes-1 No-2 / Code 1	50 USCA 403 J	Mo. Da. Yr.	Yes-1 No-2 / Code 1	Mo. 06 Da. 15 Yr. 55	Yes-1 No-2 / Code 2

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDI ORR	1323	WASH., D.C.	75013

16. Dept.-Field	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series
Dept.-1 USfld.-3 Frgn.-5 / Code 2	IDENTIFICATION SPEC	923.01	GS	1390.06

21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade	25. PFD Due	26. Appropriation Number
11 2	$ 7270	LR	Mo. 10 Da. 20 Yr. 57	Mo. 04 Da. 19 Yr. 59	8 5709 20

ACTION

27. Nature Of Action	Code	28. Eff. Date	29. Type Of Employee	Code	30. Separation Data
REASSIGNMENT TRANSFER TO CONFIDENTIAL FUNDS	06	Mo. 07 Da. 26 Yr. 59	REGULAR	01	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
OFFICE OF DDI (TOKYO) STRATEGIC INTELLIGENCE STAFF	1825	TOKYO, JAPAN	37587

33. Dept.-Field	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series
Dept.-1 USfld.-3 Frgn.-5 / Code 5		00[illegible]	GS	1390.06

38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade	42. PFD Due	43. Appropriation Number
11 2	$ 7270	LR	Mo. 10 Da. 20 Yr. 57	Mo. 10 Da. 19 Yr. 60	9 3709 75 901

44. Remarks

SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED

23 JUL 59

REPORT

FORM NO 1 MAR 57 1150a

SECRET

(4)

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN	4. FUNDS	5. ALLOTMENT
117974	FOX JEROME	DDI/ORR 3	V-20	

6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
GS 11	1	$ 7,030	10	20	57	GS 11	2	$ 7,270	04	19	59

TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER

8. CHECK ONE ☑ NO EXCESS LWOP ☐ EXCESS LWOP

IF EXCESS LWOP, CHECK FOLLOWING:
☐ IN PAY STATUS AT END OF WAITING PERIOD
☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP None

10. INITIALS OF CLERK JW

11. AUDITED BY

TO BE COMPLETED BY THE OFFICE OF PERSONNEL

12. PROJECTED SALARY RATE AND EFFECTIVE DATE					
GRADE	STEP	SALARY	MO.	DA.	YR.

13. REMARKS

14. AUTHENTICATION

CP

JW

FEB 13 ; 5 PM '59
PAYROLL BRANCH
U.S. MINT

PERIODIC STEP INCREASE - AUTHENTICATION

FORM NO. 5 BAR. 56 - 560b

SECRET

PERSONNEL FOLDER (4)

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTTING RESULTING FROM R-20-250

SER. #	NAME	SD	OLD SLOT	NEW SLOT	DATE
117974	FOX JEROME	IR	0923.01	923	03/11/59

S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE 12 JANUARY 1959 AUTHORIZED BY P. L. 85 - 462 AND DCI DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
FOX JEROME	117974	GS-11-1	$ 6,390	$ 7,030

GORDON M. STEWART
/S/ DIRECTOR OF PERSONNEL

S E C R E T

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth (Mo. Da. Yr.)	4. Vet. Pref. (None-0, 5 Pt-1, 10 Pt-2)	Code	5. Sex	6. CS-EOD (Mo. Da. Yr.)
117	OX, J			1	F	1

7. SCD (Mo. Da. Yr.)	8. CSC Reinst. (Yes-1, No-2)	Code	9. CSC Or Other Legal Authority	10. Apmt. Affidav. (Mo. Da. Yr.)	11. FEGLI (Yes-1, No-2)	Code	12. LCD (Mo. Da. Yr.)	13. Ret. Plan (Yes-1, No-2)	Code
1		1	50 USCA App. J				1		2

PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DDI CIR		WASH., D.C.	

16. Dept. Field (Dept. 2, USfld 4, Frgn 6)	Code	17. Position Title	18. Position No.	19. Serv.	20. Occup. Series
	2	DIR. TELEPHONE CIR.	2 1	GS	1 0

21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade (Mo. Da. Yr.)	25. PSI Due (Mo. Da. Yr.)	26. Appropriation Number
2	$ 5,575	CR			

ACTION

27. Nature Of Action	Code	28. Eff. Date (Mo. Da. Yr.)	29. Type Of Employee	Code	30. Separation Data
PROMOTION			REGULAR	1	

PRESENT ASSIGNMENT

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDI CIR ACCOUNTING & AUDIT CHIEF, ANALYSIS BRANCH		WASH., D.C.	

33. Dept. Field (Dept. 2, USfld 4, Frgn 6)	Code	34. Position Title	35. Position No.	36. Serv.	37. Occup. Series
		TELEPHONE ANALYST SPEC.	2 1	GS	1

38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade (Mo. Da. Yr.)	42. PSI Due (Mo. Da. Yr.)	43. Appropriation Number
11 1	$	CR			

44. Remarks

SECRET

SF-50 (Rev. 2-62)
FPM Ch. 296, App. A

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT
117974	FOX JEROME	DDI/ORR 3	V-20	

6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
9	1	$ 5,440	07	01	56	9	2	$ 5,575	06	30	57

REMARKS

CERTIFICATION

I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.

TYPED OR PRINTED NAME OR SIGN | DATE 23 May 57 | SIG

PERIODIC STEP INCREASE VERIFICATION

FORM NO. 560

SECRET

PERSONNEL FOLDER (4)

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.	2. NAME	3. ASSIGNED ORGAN.	4. FUNDS	5. ALLOTMENT
117974	FOX JEROME	DDI/ORR	V-20	

6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				MO.	DA.	YR.
9	1	$ 5,440	07	01	56	9	2	$ 5,575	06	30	57

TO BE COMPLETED BY THE OFFICE OF COMPTROLLER

8. CHECK ONE: ☐ NO EXCESS LWOP ☐ EXCESS LWOP

10 EXCESS LEAVE LWOP, CHECK FOLLOWING:

☐ IN PAY STATUS AT END OF WAITING PERIOD

☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP

10. INITIALS OF CLERK

11. AUDITED BY

TO BE COMPLETED BY THE OFFICE OF PERSONNEL

12 PROJECTED SALARY RATE AND EFFECTIVE DATE

GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.

13 REMARKS

14 AUTHENTICATION

PERIODIC STEP INCREASE - AUTHENTICATION

FORM NO. 560

SECRET

PERSONNEL FOLDER

STANDARD FORM 52
PRINTED BY THE U. S. CIVIL SERVICE COMMISSION
CHAPTER 930 - FEDERAL PERSONNEL MANUAL CHAPTER 930

REQUEST FOR PERSONNEL ACTION

Vouchered

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr.—Miss—Mrs.—Give first name, initial(s), and surname): Mr. Jerome Fox
2. DATE OF BIRTH:
3. REQUEST NO.:
4. DATE OF REQUEST: 18 April 1957
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.): Reassignment
B. POSITION (Specify whether establish, change grade or title, etc.):
6. EFFECTIVE DATE: A. PROPOSED: ASAP
B. APPROVED: 2 JUN 1957
7. C. S. OR OTHER LEGAL AUTHORITY:

FROM—		TO—
Identification Specialist P-924.03 GS-1390.06-09 $5440.00 per annum DDI/Office of Research and Reports Chief, [redacted] Washington, D.C.	9. POSITION TITLE AND NUMBER 8. SERVICE, GRADE, AND SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPARTMENTAL	Identification Specialist P-923.01 GS-1390.06-09 $5440.00 per annum DDI/Office of Research and Reports [redacted] Washington, D.C.
[ ] FIELD [XX] DEPARTMENTAL		[ ] FIELD [XX] DEPARTMENTAL

A. REMARKS (Use reverse if necessary)

Reassignment submitted to conform to T/O reorganization

[redacted]

C. REQUEST APPROVED BY
Signature: PAUL H. HILDEBRAND
Title: Chief, Administrative Staff, OSR

NONE	WGI	OTHER	5 PT	10 POINT OSAB	10 POINT OTHER

14. POSITION CLASSIFICATION ACTION: SD/IR

15. SALARY	16. APPROPRIATION	17. SUBJECT TO C. S. RETIREMENT ACT (YES—NO)	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)	19. LEGAL RESIDENCE
	FROM 7-5709-20 TO 7-5709-20			[ ] CLAIMED [ ] PROVED STATE

20. STANDARD FORM 50 REMARKS

POSTED
91 MAY

21. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A.			
B. CIV. OR POS. CONTROL			
C. CLASSIFICATION			
D. PLANNING OR TRN.			
E.			

F. APPROVED BY [redacted]

PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL
(When filled in)

U. S. GOVERNMENT PRINTING OFFICE 1954-[illegible]

1. Agency and organizational designation

2. Period covered

3. Block No. 6-5709-20

4. Slip No.

Employee's name (and social security account number when appropriate)
FOX, JEROME

5. Grade and salary
GS-7 $4525

PAYROLL CHANGE DATA

	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.				NET PAY
7. Previous normal														
8. New normal														
9. Pay this period														

10. Remarks

11. Approved by
ORR 22

12. Prepared by
SJp 25APR56

13. Audited by

☐ Periodic step increase ☐ Pay adjustment ☐ Other step increase

Effective date	14. Date last equivalent increase	16. Old salary rate	17. New salary rate
JUE56	15JUNE55	$4525	$4660

18. Authorized by
SERVICE AND CONDUCT ARE SATISFACTORY
(Signature or other authentication)

19. LWOP data (Fill in appropriate spaces covering LWOP during following periods)
Periodic

☐ No excess LWOP. Total excess LWOP

Check appropriate box in case of excess LWOP
☐ (a) Only one in end of reporting period.
☐ (b) LWOP during all days of reporting period.

Initials of Clerk

STANDARD FORM NO. 1126d—Revised
Form prescribed by Comp. Gen. U. S.
October 26, 1954, General Regulations No. 197

CONFIDENTIAL PAYROLL CHANGE SLIP—— PERSONNEL COPY

STANDARD FORM 50 (8 PART)
REV. APRIL 1951
PROMULGATED BY
U. S. CIVIL SERVICE COMMISSION
CHAPTER 9, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY P.C. 27 May 1955
SR-9291-A CB

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MISS-MRS. FIRST NAME, INITIALS, AND SURNAME)	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
MR. JAMES FOX			15 June 1955

This is to notify you of the following action affecting your employment.

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
EXCEPTED APPOINTMENT	15 June 1955	50 USCA 403 j

FROM		TO
	8. POSITION TITLE	Ident. Specialist F 925.99
	9. SERVICE, SERIES, GRADE, SALARY	GS-1390.06-7 $4205.00 per annum
	10. ORGANIZATIONAL DESIGNATIONS	DDI/Office of Research and Reports Office of Chief, [redacted]
	11. HEADQUARTERS	Washington, D.C.
[ ] FIELD [ ] DEPARTMENTAL	12. FIELD OR DEPT'L	[ ] FIELD [X] DEPARTMENTAL

13. VETERAN'S PREFERENCE	14. POSITION CLASSIFICATION ACTION
NONE / DISAB. / STATE / 5 PT. / 10-POINT DISAB. / 10-POINT OTHER	DEM / VICE / L.A. / DEAL / DOC SD-IP

15. SEX	16. RACE	17. APPROPRIATION FROM	TO	18. SUBJECT TO C.S. RETIREMENT ACT (1952-NO)	19. DATE OF APPOINTMENT AFFIDAVITS (SUCCESSIONS ONLY)	20. LEGAL RESIDENCE [ ] CLAIMED [ ] PROVED
M	W		S-5100-30	Yes	15 June 1955	STATE: New York

21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.

Subject to the satisfactory completion of a trial period of one year and a medical examination.
R3-69

DOD 06/15/55
CSSCD 06/15/55
LRD 06/15/55

POSTED
27 JUN 1955

EXECUTED [redacted]

[redacted]

9. PERSONNEL FOLDER COPY

STANDARD FORM 50 (8 PART)
REV APRIL 1955
PRESCRIBED BY
U.S. CIVIL SERVICE COMMISSION
CHAPTER 01, FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

NOTIFICATION OF PERSONNEL ACTION

1. NAME (LAST-FIRST-MIDDLE INITIAL) AND SERIAL NO.	2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE
Mr. JEROME FOX 117974			26 June 1956

This is to notify you of the following action affecting your employment

5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)	6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
PROMOTION 30	1 July 1956	50 USCA 403 j

FROM		TO
P-985.99 GS-1390.06-7 $4660.00 per annum	8. POSITION TITLE	Identification Specialist P-994.99
	9. SERVICE, SERIES, GRADE, SALARY	GS-1390.06-9 $5440.00 per annum
	10. ORGANIZATIONAL DESIGNATION	DDI/Office of Research and Reports Office of Chief,
	11. HEADQUARTERS	Washington, D. C.
☐ FIELD ☐ DEPARTMENTAL	12. FIELD OR DEPT.	☐ FIELD ☒ DEPARTMENTAL

13. VETERAN'S PREFERENCE					14. POSITION CLASSIFICATION ACTION
NONE	WWII	OTHER	5 PT	10 POINT	VETS VERIFIED L.A. CLEAR SD-IR
			X		

15.	16. APPROPRIATION:	17.	18. DATE OF APPOINT. MINT AFFIDAVITS	19. LEGAL RESIDENCE
1	FROM: 7-5709-80			☐ CLAIMED ☐ PROVED
	TO:	750-13		STATE:

20. REMARKS:

4 EOD 06/25/55

POSTED

4. PERSONNEL FOLDER COPY

CLASSIFICATION

FITNESS REPORT

SECTION A — GENERAL INFORMATION

1. EMPLOYEE NUMBER	2. NAME (last, first, middle)	3. DATE OF BIRTH	4. SEX	5. GRADE	6. BD
017974	Fox, Jerome		M	GS-13	D

7. OFFICIAL POSITION TITLE	8. OFF/DIV/BR OF ASSIGNMENT	9. CURRENT STATION	10. CODE (if any)	
Ops Officer	DDO/EA	Hqs	HQS	OP

11. TYPE OF APPOINTMENT: X CAREER | RESERVE | CONTRACT | OTHER (Spec.) | TEMPORARY

12. TYPE OF REPORT: ANNUAL | X REASSIGNMENT | SPECIAL

13. REPORTING PERIOD (From-To): Feb - Jul 1974

14. DATE REPORT DUE IN O.P. of supervisor

SECTION B — QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C — PERFORMANCE EVALUATION

U—Unsatisfactory: Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

M—Marginal: Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.

P—Proficient: Performance is satisfactory. Desired results are being produced in the manner expected.

S—Strong: Performance is characterized by exceptional proficiency.

O—Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider OVERALL performance in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise. Indicate number of employees supervised.

SPECIFIC DUTY	RATING LETTER
SPECIFIC DUTY NO. 1: See Section C	
SPECIFIC DUTY NO. 2	
SPECIFIC DUTY NO. 3	
SPECIFIC DUTY NO. 4	
SPECIFIC DUTY NO. 5	
SPECIFIC DUTY NO. 6	

OVERALL PERFORMANCE IN CURRENT POSITION

[illegible] RATING LETTER

CLASSIFICATION

[illegible]

CLASSIFICATION

SECTION D — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position, keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

It is neither feasible nor desirable to attempt an evaluation of Mr. Fox's performance as an operations officer based on the relatively short period (5 months) he has been assigned to the [redacted] Throughout this time he has been faced by a series [redacted] which have understandably preoccupied him. His [redacted] has led him to apply [redacted] a decision on his application is pending. He has also had to undergo a series [redacted] which required a great deal of time and attention. Under the circumstances no specific duties and letter grades are being listed in Section B above.

SECTION E — CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
5		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
15 July 1974	Chief, EA/[redacted]	[redacted]

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE		DATE	SIGNATURE OF EMPLOYEE
HAVE ATTACHED	HAVE NOT ATTACHED	15 July 1974	[redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully agree with the supervisor's narrative comments. It would be grossly misleading to attempt to provide letter ratings or a performance evaluation under the unique conditions which obtained throughout this period.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
	DC/EA[redacted]	[redacted]

4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE EMPLOYEE IN DUTIES PERFORMED FOR THE PERIOD	DATE	SIGN
	15 July 74	[redacted]

CLASSIFICATION

SECRET

28 August 1974

MEMORANDUM FOR THE RECORD

SUBJECT: Meritorious Unit Citation

On 20 August 1974 the Director of Central Intelligence approved award of the Meritorious Unit Citation to the [redacted] Station in recognition of the outstanding performance of the following employees during the period June 1971 to December 1973:

[redacted]

Fox, Jerome

[redacted]

R. L. Austin, Jr.
Recorder
Honor and Merit Awards Board

SECRET

14 00000

CONFIDENTIAL

FITNESS REPORT

NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed.

SECTION A. GENERAL INFORMATION

1. EMPLOYEE NUMBER	2. NAME (last, first, middle)	3. DATE OF BIRTH	4. SEX	5. GRADE	6. SO
0 17974	Fox, Jerome (nmi)		M	GS-13	D

7. OFFICIAL POSITION TITLE	8. OFF/DIV/BR OF ASSIGNMENT	9. CURRENT STATION
Ops Officer	FE	

10. TYPE OF APPOINTMENT						11. TYPE OF REPORT								
X	CAREER		CAREER PROVISIONAL		RESERVE	X	ANNUAL		21-MONTH		30-MONTH	X	REASSIGNMENT		SPECIAL
	CONTRACT		SPECIAL		TEMPORARY	12. REPORTING PERIOD (From-to-) 30 Nov 72-31 July 73				13. DATE REPORT DUE IN O.P. 30 September 1973					

SECTION B PERFORMANCE EVALUATION

U – Unsatisfactory: Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

M – Marginal: Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.

P – Proficient: Performance is satisfactory. Desired results are being produced in the manner expected.

S – Strong: Performance is characterized by exceptional proficiency.

O – Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY	RATING LETTER
SPECIFIC DUTY NO. 1: Serves as Station referent for MHABYSS matters.	P
SPECIFIC DUTY NO. 2: Spot, develop, assess and recruit [redacted]	P
SPECIFIC DUTY NO. 3: Spot, develop, assess and recruit agents to obtain [redacted]	S
SPECIFIC DUTY NO. 4: Handle on-going cases; tighten operational security, increase production, strengthen agent motivation.	P
SPECIFIC DUTY NO. 5: Serves as official Station [redacted] contact on PBRAMPART affairs.	P
SPECIFIC DUTY NO. 6: Prepare reports, correspondence and other management/administrative requirements.	P

OVERALL PERFORMANCE IN CURRENT POSITION

RATING LETTER

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, particular personal traits or habits, job knowledge, techniques or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

FORM 1313 45N

CONFIDENTIAL

SECTION C — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

SECTION D — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
21 August 1973	/S/ Jerome Fox

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
21 August 1973	DCOS	

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
5 September 1973	COS	/S/ George T. Kalaris

Section C. Narrative Comments (Continued)

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle): Fox, Jerome
2. DATE OF BIRTH:
3. SEX: M
4. GRADE: GS-13
5. SO: D
6. OFFICIAL POSITION TITLE: Ops Officer
7. OFF/DIV/BR OF ASSIGNMENT: DDP/FE/
8. CURRENT STATION:
9. CHECK (X) TYPE OF APPOINTMENT: X CAREER; RESERVE; TEMPORARY; CAREER-PROVISIONAL (See Instructions - Section C); SPECIAL (Specify)
10. CHECK (X) TYPE OF REPORT: INITIAL; X ANNUAL; SPECIAL (Specify); REASSIGNMENT SUPERVISOR; REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P.:
12. REPORTING PERIOD (From - to): 30 November 1971-30 November 1972

SECTION B — PERFORMANCE EVALUATION

U-Unsatisfactory — Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

M-Marginal — Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.

P-Proficient — Performance is satisfactory. Desired results are being produced in the manner expected.

S-Strong — Performance is characterized by exceptional proficiency.

O-Outstanding — Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

Specific Duty	Rating Letter
SPECIFIC DUTY NO. 1: Serve as the Station referent for MHABYSS matters.	S
SPECIFIC DUTY NO. 2: Serve as the Station referent for Communist matters.	S
SPECIFIC DUTY NO. 3: Spot, develop, assess and recruit [redacted].	P
SPECIFIC DUTY NO. 4: Spot, develop, assess and recruit agents to obtain intelligence [redacted] the Communist parties (particularly the [redacted] and their main front organizations.	P
SPECIFIC DUTY NO. 5: Handle on-going cases: tighten operational security, increase production, strengthen agent motivations, handle ad hoc operational cases.	
SPECIFIC DUTY NO. 6: Prepare reports, correspondence and other management/administrative requirements.	P

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

Rating Letter: P

Reviewed by: [illegible]

FORM 45 REPLACES PREVIOUS EDITIONS

SECRET

JAC

SECTION C	NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

SECTION D	CERTIFICATION AND COMMENTS	
1.	BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 24 November 1972	SIGNATURE OF EMPLOYEE /s/ Jerome Fox	
2.	BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 24 November 1972	OFFICIAL TITLE OF SUPERVISOR Deputy Chief of Station	TYPED OR PRINTED NAME AND SIGNATURE /s/
3.	BY REVIEWING OFFICIAL	
DATE 24 November 1972	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief of Station	TYPED OR PRINTED NAME AND SIGNATURE /s/ George T. Kalaris

SECTION C - Narrative Comments (continued)

SECTION D - Comments of Reviewing Official (continued)

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle): Fox, Jerome
2. DATE OF BIRTH:
3. SEX: M
4. GRADE: GS-13
5. SO: D
6. OFFICIAL POSITION TITLE: Ops. Officer
7. OFF/DIV/SO OF ASSIGNMENT: DDP/FE [redacted]
8. CURRENT STATION: [redacted]
9. CHECK (X) TYPE OF APPOINTMENT:
   - XX CAREER
   - RESERVE
   - TEMPORARY
   - CAREER-PROVISIONAL (See Instructions - Section C)
   - SPECIAL (Specify)
10. CHECK (X) TYPE OF REPORT:
    - INITIAL
    - XX ANNUAL
    - SPECIAL (Specify)
    - REASSIGNMENT SUPERVISOR
    - REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P.: 28 February 1972
12. REPORTING PERIOD (From - to): 1 August 1971 - 31 December 1971

SECTION B — PERFORMANCE EVALUATION

U-Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
M-Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.
P-Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.
S-Strong	Performance is characterized by exceptional proficiency.
O-Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO.		RATING LETTER
1	Serve as the Station referent for communist matters.	S
2	Spot, develop, assess and recruit [redacted]	P
3	Spot, develop, assess and recruit agents to obtain intelligence from the [redacted] (particularly the [redacted]) and their main front organizations.	P
4	Handle on-going cases, tighten operational security, increase production, strengthen agent motivations; handle ad hoc operational cases.	S
5	Prepare reports, correspondence, and other management/administrative requirements.	P
6	Prepare media placement articles and themes.	P

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: P

FORM 2-66 45 OBSOLETE PREVIOUS EDITIONS

SECRET

SECRET

(Black Letter Ink)

SECTION C — **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Dec 6 10 24 1971

SECTION D — **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
29 November 1971	/s/ Jerome Fox

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
29 November 1971	COS [redacted]	/s/ George Kalaris

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
02 DEC 1971	CFE/ [redacted]	Ralph J. Katrosh

SECRET

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Fox, Jerome		M	GS-13	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Ops Officer	DDP/FE/ [redacted]	[redacted]

9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT	
X	CAREER	RESERVE	TEMPORARY	INITIAL	X REASSIGNMENT SUPERVISOR
	CAREER-PROVISIONAL (See instructions - Section C)			ANNUAL	REASSIGNMENT EMPLOYEE
	SPECIAL (Specify):			SPECIAL (Specify):	

11. DATE REPORT DUE IN O.P.	12. REPORTING PERIOD (From - to-)
	1 January 1971 - 30 July 1971

SECTION B — PERFORMANCE EVALUATION

U-Unsatisfactory — Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

M-Marginal — Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.

P-Proficient — Performance is satisfactory. Desired results are being produced in the manner expected.

S-Strong — Performance is characterized by exceptional proficiency.

O-Outstanding — Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1	RATING LETTER
Serve as the Station Referent for Communist Matters.	S
SPECIFIC DUTY NO. 2	RATING LETTER
Spot, develop, assess, and recruit agents to obtain intelligence [redacted] (particularly the [redacted]) and their main front organizations.	P
SPECIFIC DUTY NO. 3	RATING LETTER
Handle on-going cases: tighten operational security, increase production, strengthen agent motivations; handle ad hoc operational cases.	S
SPECIFIC DUTY NO. 4	RATING LETTER
Spot, develop, assess, and recruit [redacted]	P
SPECIFIC DUTY NO. 5	RATING LETTER
Prepare reports, correspondence, and other management/administrative requirements.	P
SPECIFIC DUTY NO. 6	RATING LETTER
Prepare media-placement articles and themes.	P

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place this letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: S

FORM 45 REPLACES PREVIOUS EDITIONS

SECRET

SECRET

(when filled in)

SECTION C — **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of future performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper. 8 - 20 11 - 30 JUL 1971

(CONTINUED)

SECTION D — **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
31 July 1971	/s/ Jerome Fox

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
31 July 1971	Deputy Chief of Station	/s/ [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
6 August 1971	Chief of Station	/s/ George T. Kalaris

SECRET

NARRATIVE (Continued)

NARRATIVE (Continued)

REVIEWING COMMENTS (continued)

MK

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Fox, Jerome (nmi)	[redacted]	M	GS-13	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Ops. Officer	DDP/FE [redacted]	[redacted]

9. CHECK (X) TYPE OF APPOINTMENT

X CAREER	RESERVE	TEMPORARY		
CAREER-PROVISIONAL (See Instructions in Section C)				
SPECIAL (Specify)				

10. CHECK (X) TYPE OF REPORT

INITIAL		REASSIGNMENT SUPERVISOR
X ANNUAL		REASSIGNMENT EMPLOYEE
SPECIAL (Specify)		

11. DATE REPORT DUE IN O.P.: 28 February 1971

12. REPORTING PERIOD (From - to): 1 May 1970 to 31 December 1970

SECTION B — PERFORMANCE EVALUATION

U-Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
M-Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.
P-Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.
S-Strong	Performance is characterized by exceptional proficiency.
O-Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1	RATING LETTER
Station communist movement (CM) officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets (1 May - 10 August 1970).	S
SPECIFIC DUTY NO. 2	**RATING LETTER**
Serve as the Station Referent for Communist Matters (August - 30 December 1970).	S
SPECIFIC DUTY NO. 3	**RATING LETTER**
Spot, develop, assess, and recruit agents to obtain intelligence from [redacted] (particularly the [redacted]) and their main front organizations.	P
SPECIFIC DUTY NO. 4	**RATING LETTER**
Handle on-going cases: tighten operational security, increase producting, strengthen agent motivation, and handle ad hoc operational cases.	S
SPECIFIC DUTY NO. 5	**RATING LETTER**
Spot, develop, assess, and recruit [redacted]	P
SPECIFIC DUTY NO. 6	**RATING LETTER**
Prepare reports, correspondence, and other management/administrative requirements.	P

OVERALL PERFORMANCE IN CURRENT POSITION

These rate the most overlooking about the employee which influence his effectiveness in his present position such as proficiency of specific duties, productivity, interest on job, cooperativeness, personal problems or habits, and particular limitations or assets. Based on your knowledge of employee's overall performance during the rating period place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.	S

SECTION C — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete

SECTION D — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
12 February 1971	/s/ Jerome Fox

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
17 February 1971	DCCI, [redacted]	/s/ [redacted]

3. BY REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
17 February 1971	SS [redacted]	/s/ George T. Kalaris

NARRATIVE (cont'd)

NARRATIVE (CON'TD)

NARRATIVE (CONT'D)

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle): Fox, Jerome (nmi)	2. DATE OF BIRTH:	3. SEX: M	4. GRADE: GS-13 / 5. SD: D
6. OFFICIAL POSITION TITLE: Ops Officer	7. OFF. DIV. BR OF ASSIGNMENT: DDP/FE/	8. CURRENT STATION:	

9. CHECK (X) TYPE OF APPOINTMENT: [X] CAREER [ ] RESERVE [ ] TEMPORARY [ ] CAREER-PROVISIONAL (See Instructions - Section C) [ ] SPECIAL (Specify)

10. CHECK (X) TYPE OF REPORT: [ ] INITIAL [X] REASSIGNMENT SUPERVISOR [ ] ANNUAL [ ] REASSIGNMENT EMPLOYEE [ ] SPECIAL (Specify)

11. DATE REPORT DUE IN O.P.: 28 February 1970

12. REPORTING PERIOD (From - to): 1 January 1970 - 30 April 1970

SECTION B — PERFORMANCE EVALUATION

U-Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
M-Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.
P-Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.
S-Strong	Performance is characterized by exceptional proficiency.
O-Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO.		RATING LETTER
1	Station communist movement (CM) officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets.	S
2	Case officer for [redacted] operations and the conduct of relationships [redacted] including intelligence exchange, operational, support and administrative matters consonant with maintaining Station's [redacted]	S
3	Unilateral case officer for selected agents/operations targeted against CM and CM-related objectives and for the development of new unilateral assets under the CM program, including [redacted] operations.	S
4	The collation and preparation of raw intelligence data from [redacted] primarily, but including Station-wide unilateral sources as feasible, into draft field information reports	S
5	Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative.	P
6		

OVERALL PERFORMANCE IN CURRENT POSITION

17 JUN 70

Take into account everything about the employee which influences his effectiveness in his current position, such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: S

FORM 45 OBSOLETE FOR USE AS FORM

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SECRET

(When Filled In)

SECTION C — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUN 16 3 In Pu

SECTION D — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
8 May 1970	/s/ Jerome Fox

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
12 months	

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
8 May 1970	Ops Officer	/s/

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
22 May 1970	DCOS	/s/

SECRET

COMMENTS OF REVIEWING OFFICIAL

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Fox, Jeromo (nmi)		M	GS-13	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Operations Officer	DDP/FE/	

9. CHECK (X) TYPE OF APPOINTMENT

X	CAREER		RESERVE	TEMPORARY
	CAREER-PROVISIONAL (See Instructions - Section C)			
	SPECIAL (Specify)			

10. CHECK (X) TYPE OF REPORT

	INITIAL		REASSIGNMENT SUPERVISOR
X	ANNUAL		REASSIGNMENT EMPLOYEE
	SPECIAL (Specify)		

11. DATE REPORT DUE IN O.P.: 20 February 1970

12. REPORTING PERIOD (From - to): 20 May 1969 - 31 December 1969

SECTION B — PERFORMANCE EVALUATION

U-Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
M-Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.
P-Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.
S-Strong	Performance is characterized by exceptional proficiency.
O-Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY	RATING LETTER
SPECIFIC DUTY NO. 1 Station MPWATCH officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets.	S
SPECIFIC DUTY NO. 2 Case officer for [redacted] operations and the conduct of relationships [redacted] including intelligence exchange, operational, support and administrative matters consonant with maintaining Station's [redacted]	S
SPECIFIC DUTY NO. 3 Unilateral case officer for selected agents/operations targeted against MPWATCH and MPWATCH-related objectives and for the development of new unilateral assets under the MPWATCH program, including [redacted] operations.	P
SPECIFIC DUTY NO. 4 The collation and preparation of raw intelligence data from [redacted] primarily, but including Station-wide unilateral sources as feasible, into draft field information reports.	S
SPECIFIC DUTY NO. 5 The preparation and organization of finished field intelligence reports, operational cables, teletapes, dispatches and related correspondence on MPWATCH and other [redacted]/operational matters.	P
SPECIFIC DUTY NO. 6 Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative.	S

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: S

SECRET

FORM 45 PREVIOUS EDITIONS

SECRET

(When Filled In)

SECTION C — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

SECTION D — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
26 February 1970	/s/ Jerome Fox

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
26 February 1970	Ops Officer	/s/

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
26 February 1970	DCOS	/s/

SECRET

SECTION C - /continued --/

Reviewing Comments (continued)

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle): Fox, Jerome	2. DATE OF BIRTH:	3. SEX: M	4. GRADE: GS-13	5. SO: D
6. OFFICIAL POSITION TITLE: Operations Officer	7. OFF/DIV/BR OF ASSIGNMENT: DDP/FE		8. CURRENT STATION: Headquarters	

9. CHECK (X) TYPE OF APPOINTMENT: [X] CAREER [ ] RESERVE [ ] TEMPORARY [ ] CAREER-PROVISIONAL (See Instructions - Section C) [ ] SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT: [ ] INITIAL [ ] ANNUAL [ ] SPECIAL (Specify): [ ] REASSIGNMENT SUPERVISOR [X] REASSIGNMENT EMPLOYEE

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From - to-): 1 January 1969 - 10 May 1969

SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).

SPECIFIC DUTY NO.	RATING LETTER
1. Acting Chief of the [redacted] Desk	S
2. Headquarters case officer for a variety of [redacted] CA and FI operations	S
3. Contact of [redacted] unilateral assets in the U.S.	S
4. Preparation and coordination of correspondence, studies, etc., in connection with Desk activities	P
5.	
6.	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: S

FORM 45 USE PREVIOUS EDITIONS
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SECRET

SECRET
(When Filled In)

SECTION C — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

SECTION D — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
28 April 1969	[illegible]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
28/4/69	ADC/FE [redacted]	[redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
29 APR 1969	AC/FE [redacted]	[redacted]

SECRET

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle): Fox, Jerome	2. DATE OF BIRTH: [redacted]	3. SEX: M	4. GRADE: GS-13	5. SO: D
6. OFFICIAL POSITION TITLE: Operations Officer	7. OFF/DIV OR OF ASSIGNMENT: DDP/FE/[redacted]		8. CURRENT STATION: Headquarters	

9. CHECK (X) TYPE OF APPOINTMENT

X	CAREER	RESERVE	TEMPORARY
	CAREER-PROVISIONAL (See Instructions - Section C)		
	SPECIAL (Specify):		

10. CHECK (X) TYPE OF REPORT

	INITIAL		REASSIGNMENT SUPERVISOR
X	ANNUAL		REASSIGNMENT EMPLOYEE
	SPECIAL (Specify):		

11. DATE REPORT DUE IN O.P.: 31 January 1969

12. REPORTING PERIOD (From - to): 1 January 1968 - 31 December 1968

SECTION B — PERFORMANCE EVALUATION

W - Work: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY	RATING LETTER
SPECIFIC DUTY NO. 1: Hqs desk officer for a variety of [redacted] CA & FI operations.	S
SPECIFIC DUTY NO. 2: Contact of [redacted] potential unilateral assets in connection with operations.	S
SPECIFIC DUTY NO. 3: Preparation and coordination of correspondence, studies, etc. in connection with Desk Activities.	P
SPECIFIC DUTY NO. 4:	
SPECIFIC DUTY NO. 5:	
SPECIFIC DUTY NO. 6:	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: S

FORM 4-68 45 USE PREVIOUS EDITIONS

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(When Filled In)

SECTION C — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on. Applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

SECTION D — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE	SIGNATURE OF EMPLOYEE
30 Dec. 1968	Jerome Fox Jerome Fox

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
	CFE [redacted]	[redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

[redacted]

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
2 January 1969	DC/FF [redacted]	[redacted]

SECRET

TRAINING REPORT

NAME OF TRAINEE: Fox, Jerome COURSE: CI Operations

DOB: [redacted] HOURS: 80

OFFICE: FE SD:D DATES: 25 Nov - 6 Dec '68

OBJECTIVE AND METHOD OF INSTRUCTION

Objectives

To provide the Clandestine Services Officer who will be responsible for counterintelligence operational planning and implementation with current counterintelligence operational concepts, techniques, and tactics; to describe the current field organization, functions, techniques, and tactics of selected intelligence and security services; to increase his proficiency in the planning, management, and implementation of counter-intelligence operations; and to acquaint him with Headquarters organization and support for operations against selected counterintelligence targets.

Method of Instruction

The course is presented by means of lecture, case study, and discussion.

ADJECTIVAL RATINGS OF ACHIEVEMENT	Adjectival Rating
1. Demonstration of understanding of course concepts and materials.	Excellent
2. Participation in class discussions.	Excellent
3. Imaginative and practical application of operational principles to case studies and problems.	Good
4. Industriousness.	Excellent

CONTENT: Mr. Fox was a very active student in discussions to which he contributed many helpful ideas. His presentation of the Wennerstroem Case was both objective and critical in terms of the available information on the case.

OVERALL adjectival rating of achievement: Excellent

FOR THE DIRECTOR OF TRAINING:

2 JAN [illegible]
Date

George C. Kisevalter
Chief Instructor

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle): FOX, JEROME	2. DATE OF BIRTH:	3. SEX: M	4. GRADE: GS-12 / 5. SD: D
6. OFFICIAL POSITION TITLE: Operations Officer	7. OFF/DIV/BR OF ASSIGNMENT: DDP/FE	8. CURRENT STATION: Headquarters	

9. CHECK (X) TYPE OF APPOINTMENT: XX CAREER; RESERVE; TEMPORARY; CAREER-PROVISIONAL (See instructions - Section C); SPECIAL (Specify)

10. CHECK (X) TYPE OF REPORT: INITIAL; XX ANNUAL; SPECIAL (Specify); REASSIGNMENT SUPERVISOR; REASSIGNMENT EMPLOYEE

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From - to): 7 April 1967 - 31 December 1967

SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO.	RATING LETTER
1. Headquarters Desk Officer for several [redacted] operational activities.	S
2. Study and Familiarization of the situation in [redacted] in preparation to an assignment in that country.	S
3. Contacts various operating units and staffs in the furtherance of operational assignments.	S
4. Prepares operational correspondence to the field in connection with his assigned responsibilities.	P
5.	
6.	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: S

FORM 45 USE PREVIOUS EDITIONS

SECRET

SECRET

(Over Printed Top)

SECTION C — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Dec 29 3 52 PM '67

SECTION D — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
18 December 1967	[signature]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
5 months	

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
19/12/67	CFE	

3. BY REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
22 December 1967	DCFE/	

SECRET

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SO
Fox Jerome		M	GS 12	D

6. OFFICIAL POSITION TITLE	7. UNIT/DIV OR OF ASSIGNMENT	8. CURRENT STATION
Operations Officer	FE/	Hqs

9. CHECK (X) TYPE OF APPOINTMENT: CAREER | RESERVE | TEMPORARY | CAREER-PROVISIONAL (See Instructions - Section C) | SPECIAL (Specify)

10. CHECK (X) TYPE OF REPORT: INITIAL | ANNUAL | SPECIAL (Specify) | REASSIGNMENT SUPERVISOR | REASSIGNMENT EMPLOYEE

11. DATE REPORT DUE IN O.P.: 0

12. REPORTING PERIOD (From - to): 1 January - 7 April 1967

SECTION B — PERFORMANCE EVALUATION

W - Work: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO.		RATING LETTER
1	Serves as Headquarters Desk case officer for certain [redacted] operational activities as assigned to him. DPS/O	S
2	Serves as primary referent on the [redacted] for operations involving communist and other left-wing matters DPS/O	S
3	Performs operational research functions on [redacted] communist and left-wing activities DPS/O	S
4	Prepares operational correspondence to the field in connection with his assigned responsibilities	P
5		
6		

13 JUN 1967

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: S

FORM 45 USE PREVIOUS EDITIONS

SECRET

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SECRET
(When Filled In)

SECTION C — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

(Continued)

SECTION D — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE	SIGNATURE OF EMPLOYEE
25 May 1967	[illegible]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
Three	

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
25 May 1967	Acting Chief, FE/[redacted]	

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
29 May 1967	Deputy Chief, FE/[redacted]	

SECRET

FITNESS REPORT - JEROME FOX 25 May 1967

SECTION C, NARRATIVE COMMENTS (Continued)

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A. GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Fox, Jerome		M	12	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Ops Officer	DDP/FE	Hqs

9. CHECK (X) TYPE OF APPOINTMENT: CAREER | RESERVE | TEMPORARY | CAREER-PROVISIONAL (See Instructions - Section C) | SPECIAL (Specify)

10. CHECK (X) TYPE OF REPORT: INITIAL | X | REASSIGNMENT SUPERVISOR | ANNUAL | REASSIGNMENT EMPLOYEE | SPECIAL (Specify)

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From - to): October - December 1966

SECTION B. PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY	RATING LETTER
SPECIFIC DUTY NO. 1: See Section C	
SPECIFIC DUTY NO. 2	
SPECIFIC DUTY NO. 3	
SPECIFIC DUTY NO. 4	
SPECIFIC DUTY NO. 5	
SPECIFIC DUTY NO. 6	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: P

FORM 45 USE PREVIOUS EDITIONS

SECRET

14 00000

SECRET
(When Filled In)

SECTION C — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JAN 12

SECTION D — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
15 December 1966	Jerome Fox

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
Oct - Dec 1966	

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME	SIGNATURE
15 Dec 1966	CFE/		

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL		SIGNATURE
20 December 1966	Deputy Chief, FE/		

SECRET

TRAINING REPORT

Soviet Bloc Operations Course No. 4
80 hours, full time 18 - 29 March 1968

Student	: FOX, Jerome	Office	: DDP/FE
Year of Birth:	[redacted]	Service Designation:	D
Grade	: GS-12	No. of Students	: 32
EOD Date	: 1955		

COURSE OBJECTIVES

To orient the student on the special nature of the Clandestine Services' Soviet Bloc target and to train him in the application of clandestine methods for collecting information on, assessing, and preparing recruitment operations against Soviet Bloc personalities.

ACHIEVEMENT RECORD

This is a certificate of attendance. No evaluation is made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

[redacted]

Date

Instructor, OTR

S-E-C-R-E-T

TRAINING REPORT

[redacted] FAMILIARIZATION NO. 34 (40 hours, full-time) — 26 February - 1 March 1968

Name	: Fox, Jerome	No. of Students:	17
Office	: FE	SD	: D
Year of Birth:	[redacted]	Grade	: GS-12
EOD Date	: June 1955		

COURSE OBJECTIVES - CONTENT AND METHODS

The course is designed for Agency personnel requiring a sound basic understanding of contemporary [redacted] and some acquaintance with the fundamentals of the [redacted] language. The aim is familiarization, no specialization. The course focuses on [redacted] The language familiarization phase includes pronunciation of [redacted] an introduction to the most widely accepted system of dictionary recording of [redacted] and the telegraphic code. The area phase includes: cultural and historical development, geography and resources, economic development and problems, the political system, social change and control in contemporary [redacted] and foreign relations.

ACHIEVEMENT RECORD

The above named student actively participated in the [redacted] Familiarization Course No. 34. In this session no evaluation was attempted for the area phase. The student's performance in the language familiarization phase was [redacted].

FOR THE DIRECTOR OF TRAINING: [redacted]

[redacted] 5 March 1968
Chief Instructor — Date

GROUP I
Excluded from automatic downgrading and declassification

S-E-C-R-E-T

SECRET

TRAINING REPORT

[redacted] Operations Course No. 1-68
40 hours, full time 4 - 8 March 1968

Student	: Fox, Jerome	Office	: FE
Year of Birth:	[redacted]	Service Designation:	D
Grade	: GS-12	No. of Students	: 25
EOD Date	: June 1955		

COURSE OBJECTIVE

To prepare Clandestine Services officers to conduct operations against [redacted] from the point of view of Human Source Collection; to present material directed toward the updating of officers in the operational realities inside and outside [redacted] today; and specifically to train officers in providing political, political-military, advanced weapons and other coverage of the priority [redacted] target which cannot be obtained by technical means.

ACHIEVEMENT RECORD

This is a certificate of attendance. No record is made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

[redacted] MAR 1968
Chief Instructor Date

SECRET

TRAINING REPORT

Chiefs of Station Seminar No. 2-68
80 hours, full time 5 - 16 February 1968

Participant : Jerome Fox
Office : FE/[redacted]

Year of Birth: [redacted]
Service Designation: D

Grade : GS-12
No. of Students : 18

EOD Date : 1955

COURSE OBJECTIVES, CONTENT AND METHODS

The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

[redacted]

20 FEB 1968
Date

TRAINING REPORT

Information Reporting, Reports and Requirements Course No. 68
120 hours, full time 3 - 20 February 1958

Student :	FOX, Jerome	Office :	FE/
Year of Birth:		Service Designation:	D
Grade :	GS-12	No. of Students :	5
EOD Date :	1955		

COURSE OBJECTIVES - CONTENT AND METHODS

The over-all objectives of the course are: to show the requirements function as it develops; to describe information evaluation, appraisal, and dissemination; to present fundamental principles of collection and communication of information; to demonstrate how, through Headquarters guidance, reporters can be directed and developed; and to prepare intelligence officers in the field to put information into finished report form. Supervised practice to develop skills is given in the production of finished reports; in reporting on area guidance patterns; in tailoring requirements into specific assignments; and in observing, collecting, organizing, and communicating information.

ACHIEVEMENT RECORD

Student achievement is judged from each student's observed performance during laboratory practice in the areas of instruction indicated. An asterisk (*) indicated this student's ratings. The ratings are weak, adequate, proficient, strong, and outstanding.

A. Qualitative and Quantitative Production of Reports:

Weak	Adequate	Proficient	Strong	Outstanding
			*	

COMMENT: The quality of Mr. Fox's work was uniformly excellent in every respect. He worked to full capacity.

B. Requirements Performance:

Weak	Adequate	Proficient	Strong	Outstanding
			*	

COMMENT:

His paper on this subject demonstrated that he has a very sound understanding of the Requirements and guidance systems.

C. Editorial Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His work demonstrated that he has acquired a very sound understanding of the principles of good editorial organization in intelligence reporting.

D. Reporting Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His outside reporting assignment was efficiently executed. It was well organized. Unfortunately, it lacked sufficient reporting detail to warrant a higher rating.

INSTRUCTOR'S OVER-ALL COMMENT:

Mr. Fox was a very fine student. He worked extremely well and his many penetrating questions added very considerably to the tone of the class. His work was of excellent quality and it showed that he has acquired a sound understanding of the various aspects of the reporting function discussed.

FOR THE DIRECTOR OF TRAINING

Chief Instructor

1 FEB 1968
Date

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle): Fox, Jerome	2. DATE OF BIRTH	3. SEX: M	4. GRADE: GS-12	5. SO: D
6. OFFICIAL POSITION TITLE: Ops Officer	7. OFF/DIV/BR OF ASSIGNMENT: DDP/FE/VNC	8. CURRENT STATION: Vietnam		

9. CHECK (X) TYPE OF APPOINTMENT: CAREER ( ) RESERVE ( ) TEMPORARY ( ) CAREER-PROVISIONAL (See Instructions - Section C) ( ) SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT: INITIAL ( ) ANNUAL (X) SPECIAL (Specify): ( ) REASSIGNMENT SUPERVISOR ( ) REASSIGNMENT EMPLOYEE

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From - to): 1 January - 9 July 1966

SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY	RATING LETTER
SPECIFIC DUTY NO. 1: The initiation, development and management of a sensitive FI/CI operation. 5 CIO DC 70	S
SPECIFIC DUTY NO. 2: The spotting, assessment, development, recruitment and management of unilateral FI agents.	S
SPECIFIC DUTY NO. 3: Functions as a liaison officer with officials of the Vietnamese National Police. 05 51	P
SPECIFIC DUTY NO. 4: The preparation of dispatches, cables, intelligence information reports, memoranda and other necessary papers required by the above duties.	A
SPECIFIC DUTY NO. 5:	
SPECIFIC DUTY NO. 6:	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: S

20 JUL 1966

FORM 45 4-62 OBSOLETE PREVIOUS EDITIONS.

SECRET

Excluded from automatic downgrading and declassification

SECRET

(When Filled In)

SECTION C — **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance; State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

OFFICIAL USE ONLY

JUN 20

[redacted]

potentials. This supervisor would be pleased to serve with him again.

SECTION D — **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
8 July 1966	Jerome Fox (s)

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
8 July 1966	Ops Officer	[redacted] (s)

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in the above.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
8 July 1966	Chief of LB	[redacted] (s)

SECRET

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle): Fox, Jerome
2. DATE OF BIRTH:
3. SEX: M
4. GRADE: GS-12
5. SO: D
6. OFFICIAL POSITION TITLE: Ops Officer
7. OFF/DIV/BR OF ASSIGNMENT: DDP/[illegible]
8. CURRENT STATION: Saigon
9. CHECK (X) TYPE OF APPOINTMENT: X CAREER; RESERVE; TEMPORARY; CAREER-PROVISIONAL (See instructions - Section C); SPECIAL (Specify):
10. CHECK (X) TYPE OF REPORT: INITIAL; X ANNUAL; SPECIAL (Specify): REASSIGNMENT SUPERVISOR; REASSIGNMENT EMPLOYEE
11. DATE REPORT DUE IN O.P.: Feb 66
12. REPORTING PERIOD (From- to-): 29 December 1964 to 31 Dec 1965

SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

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P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO.		RATING LETTER
1	Officer in charge of liaison with the Municipal Police DES	P
2	Officer in charge of liaison	S
3	Officer in liaison with operational components of Headquarters, Special Branch	P
4	Handles all the correspondence, files and associated memoranda connected with the tasks cited above.	P
5		
6		

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: P

15 FEB 1966

FORM 4-62 45 OBSOLETE PREVIOUS EDITIONS.

SECRET

SECRET
(When Filled In)

SECTION C — **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

OFFICE OF PERSONNEL
FEB 15 10 43 AM '66

SECTION D — **CERTIFICATION AND COMMENTS**

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
1 Feb 66	/s/ Jerome Fox

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
1 Feb 66	Ops Officer	/s/

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur with the above.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
1 Feb 66	Ops Officer	/s/

SECRET

SECRET
(When Filled In)

TRAINING REPORT - LANGUAGE

COURSE TITLE: French Inter. - NW - Ph I

INSTRUCTOR:

PROGRAM: Daytime - Part-time

NO. OF STUDENTS: 1

NO. OF HOURS: 60

DATE OF COURSE: 05/04/64 - 07/10/64

STUDENT

NAME	YOB	EOD DATE	OFFICE	GS	BD
Fox, Jerome	28	06/55	FS	12	D

(See reverse side for definitions of proficiency levels)

LEVEL OF PROFICIENCY AT ENTRY INTO TRAINING — X INSTRUCTORS ESTIMATE — OFFICIAL TEST

ENTRY	NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH
READING			X		
WRITING			X		
PRONUNCIATION			X		
SPEAKING		X			
UNDERSTANDING		X			

LANGUAGE TRAINING OBJECTIVES AND METHODS

The general aims of language training are attainment of proficiency in speaking, understanding, reading and writing. The specific objectives are: (1) ability to produce and distinguish the sounds of the language; (2) ability to use a stock of basic sentences and expressions; (3) ability to recombine the elements of basic sentences and expressions and to apply them to new situations; (4) ability to comprehend the language spoken at normal speed in various situations; (5) ability to write and read the language commensurate with ability to speak.

Methods used in all courses stress oral drills and free conversation based at first on memorized material and, at a later stage, on varied reading materials. Written and oral tests are given at intervals. Listening to and recording on tapes in the Language Lab is essential for class preparation.

PERFORMANCE EVALUATION

	UNSATISFACTORY	SATISFACTORY	EXCELLENT
ACHIEVEMENT		X	
ATTITUDE		X	
ATTENDANCE		X	

LEVEL OF PROFICIENCY AT COMPLETION OF TRAINING — X INSTRUCTORS ESTIMATE — OFFICIAL TEST

EXIT	NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH
READING				X	
WRITING			X		
PRONUNCIATION			X		
SPEAKING			X		
UNDERSTANDING			X		

Foreign Language Aptitude Test: 6

FOR THE DIRECTOR OF TRAINING:

SIGNATURE, HEAD OF DEPARTMENT, OFFICE/DIVISION

25 Mar 64
DATE

FORM 2222

SECRET

(451)

SECRET

TRAINING REPORT

Covert Action Operations Course No. 63, 30 March to 17 April 1964
60 hours part time

Student	: Fox, Jerome	Office	: FE
Year of Birth:	[redacted]	Service Designation:	D
Grade	: GS-12	No. of Students	: 13
EOD Date	: June 1955		

STUDENT OBJECTIVES - CONTENT AND METHODS

The Covert Action Operations Course is an advanced seminar for senior and middle grade CS officers who will direct and conduct covert action operations in the field. It provides a conference setting in which experienced officers may discuss the full range of operational problems — from policy and strategy to tactics and techniques — with senior Agency officers, both those recently returned from field posts and those assigned to Headquarters for guidance and support of CA field operations.

The CAO course covers the origin and scope of CIA's covert action mission, [redacted] tactical approaches to the direction of CA operations, political action, economic action, propaganda, paramilitary operations, special operations, the national counterinsurgency program, covert action in the [redacted] counterintelligence problems in covert action, joint CI-CA programs, and current area case studies.

ACHIEVEMENT RECORD

This is a certificate of attendance. Adjectival ratings are not given in this course.

FOR THE DIRECTOR OF TRAINING: [redacted]

Chief Instructor

22 April 1964
Date

Group I
Excluded from automatic downgrading and declassification

SECRET

14 00008

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last)	(First)	(Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
FOX	Jerome	J.		M	GS-12	D

6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT	8. CURRENT STATION
Ops Officer	DDP/FE/	Headquarters

9. CHECK (X) TYPE OF APPOINTMENT: CAREER; RESERVE; TEMPORARY; CAREER-PROVISIONAL (See Instructions - Section C); SPECIAL (Specify)

10. CHECK (X) TYPE OF REPORT: INITIAL; ANNUAL (XX); SPECIAL (Specify); REASSIGNMENT SUPERVISOR; REASSIGNMENT EMPLOYEE

11. DATE REPORT DUE IN O.P.: January 1964

12. REPORTING PERIOD (From - to): April 1963 - 31 January 1964

SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY	RATING LETTER
SPECIFIC DUTY NO. 1: Assembles available information on North Vietnam, and its diplomatic establishments abroad.	S
SPECIFIC DUTY NO. 2: Acts as ZIRGRAIL officer for Vietnam Desk.	P
SPECIFIC DUTY NO. 3: Aids in giving operational support to denied areas ops program run by Saigon Station.	P
SPECIFIC DUTY NO. 4: Prepares periodic reports on progress of denied area ops program.	S
SPECIFIC DUTY NO. 5:	
SPECIFIC DUTY NO. 6:	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: P

17 MAR 1964

FORM 45 6-62 OBSOLETE PREVIOUS EDITIONS.

SECRET

SECRET

(When Filled In)

SECTION C — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be discussed if applicable.

SECTION D — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
18 February 1964	[illegible]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
10	

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
18 February 1964	Chief, FE/ [redacted]	[redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

[redacted]

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TY[illegible]
9 March 1964	Chief, FE/ [redacted]	[redacted]

SECRET

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017774

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
FOX, Jerome		M	GS-12	IR

6. OFFICIAL POSITION TITLE	7. OFF/DIV OR OF ASSIGNMENT	8. CURRENT STATION
IO (DA)	DDP/FE	

9. CHECK (X) TYPE OF APPOINTMENT: CAREER [ ] RESERVE [ ] TEMPORARY [ ] CAREER-PROVISIONAL (See Instructions - Section C) [ ] SPECIAL (Specify) [ ]

10. CHECK (X) TYPE OF REPORT: INITIAL [ ] ANNUAL [X] SPECIAL (Specify) [ ] REASSIGNMENT SUPERVISOR [ ] REASSIGNMENT EMPLOYEE [X]

11. DATE REPORT DUE IN O.P.

12. REPORTING PERIOD (From - To): 1 Jan 62 - 23 September 1962

SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

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S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

Specific Duty	Rating Letter
SPECIFIC DUTY NO. 1: Monitors and coordinates with ODYOKE and allied armed services the [redacted] in North Asian area covering specifically [redacted]	S
SPECIFIC DUTY NO. 2: Determines, initiates and directly participates in the exploitation of [redacted] in conjunction with KUDOVE and ODYOKE armed services.	S
SPECIFIC DUTY NO. 3: Provides detailed training and guidance for ODYOKE personnel and for foreign allied personnel [redacted] in the identification, photographic and collection techniques applicable to the [redacted]	S
SPECIFIC DUTY NO. 4: Maintains continuing & close official and personal working liaison with & support for commanders & officers of the various ODYOKE military intel collection units in [redacted] & with [redacted] KUDOVE elements, particularly the [redacted] Staff.	A
SPECIFIC DUTY NO. 5: Responsible for preparation of collection intel & admin rpts & dispatches to KULYNX [redacted], on all matters pertaining to the [redacted] in this area of jurisdiction.	A
SPECIFIC DUTY NO. 6: Assisted the Branch Chief in the handling of KULYNX requirements.	P

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

Rating Letter: P+

24 APR 1963

FORM 45 6-62 OBSOLETE PREVIOUS EDITIONS.

SECRET

INSERT

14 00000

SECRET
(When Filled In)

SECTION C — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. Some suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if

SECTION D — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
4/23/63	~~Jerome Fox~~ /s/ Jerome Fox

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
15 MONTHS	HAS ALREADY DEPARTED TO NEW POST

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
19 Oct 1962		/s/ [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
22 Oct 1962	8 C OS [redacted]	/s/ Robert P. Wheeler

SECRET

14 00000

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 017974

SECTION A — GENERAL

1. NAME (Last)	(First)	(Middle)	2. SEX	3. GRADE	4. SD
FOX	Jerome	J.	M	GS-12	D

5. OFFICIAL POSITION TITLE	6. OFF/DIV/BR OF ASSIGNMENT	7. CURRENT STATION
Ops Officer	DDP/FE	Headquarters

8. CHECK (X) TYPE OF APPOINTMENT

	CAREER		RESERVE		TEMPORARY
	CAREER-PROVISIONAL (See Instructions - Section C)		
	SPECIAL (Specify):		

9. CHECK (X) TYPE OF REPORT

	INITIAL		REASSIGNMENT SUPERVISOR
XX	ANNUAL		REASSIGNMENT EMPLOYEE
	SPECIAL (Specify)		

10. DATE REPORT DUE IN O.P.: January 1964

11. REPORTING PERIOD (From - to-): April - 31 January 1964

SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counselling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

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P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO.	RATING LETTER
1. Assembles available information on North Vietnam, and its diplomatic establishments abroad.	S
2. Acts as ZRGRAIL officer for Vietnam Desk.	P
3. Aids in giving operational support to denied areas ops program run by Saigon Station.	P
4. Prepares periodic reports on progress of denied area ops program.	S
5.	
6.	

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: P

FORM 4-52 45 OBSOLETE PREVIOUS EDITIONS.

SECRET

GROUP 1
Excluded from automatic downgrading and declassification

SECRET

(When Filled In)

SECTION C	NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

H

SECTION D	CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
18 February 1964	[illegible]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
10	

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
18 February 1964	Chief, FE [redacted]	Donald P. Gregg

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
9 March 1964	Chief, FE/ [redacted]	[redacted]

SECRET

14 00000

HF-27

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A — GENERAL

1. NAME (Last) Fox (First) Jerome (Middle)	2. DATE OF BIRTH	3. SEX M	4. GRADE GS-12 CSB
5. SERVICE DESIGNATION IR	6. OFFICIAL POSITION TITLE IO	7. OFF/DIV/BR OF ASSIGNMENT Tokyo, Japan	

8. CAREER STAFF STATUS				9. TYPE OF REPORT			
NOT ELIGIBLE	X	MEMBER	DEFERRED		INITIAL		REASSIGNMENT/SUPERVISOR
PENDING		DECLINED	DENIED	X	ANNUAL		REASSIGNMENT/EMPLOYEE

10. DATE REPORT DUE IN O.P.

11. REPORTING PERIOD From 15 Apr 61 To 31 Dec 61

SPECIAL (Specify)

SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding

SPECIFIC DUTY	RATING NO.
SPECIFIC DUTY NO. 1 Monitors and coordinate with ODYCE and allied armed services the [redacted] in North Asian area covering [redacted]	6
SPECIFIC DUTY NO. 2 Determines, initiates directly participates in the exploitation of [redacted] targets in conjunction with EUROVE and ODYCE armed services.	5
SPECIFIC DUTY NO. 3 Provides detailed training and guidance for ODYCE personnel & for foreign allied personnel (e.g. [redacted]) Chinese nationalists, in the [redacted] (cont)	5
SPECIFIC DUTY NO. 4 Maintains continuous close official & personal working liaison with & support for commanders & officers of the various ODYCE military intel [redacted] collection [redacted] (cont)	5
SPECIFIC DUTY NO. 5 Responsible for preparation of collection intel & assign reports dispatched to [redacted] Center, on all matters pertaining to the [redacted] in this area of jurisdiction.	4
SPECIFIC DUTY NO. 6 Represents the interests of [redacted] generally in liaison with other ODYCE intelligence components - both collection & analysis [redacted]	5

SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO. 5

SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.

1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	RATING 1	2	3	4	5
GETS THINGS DONE						X	
RESOURCEFUL							X
ACCEPTS RESPONSIBILITIES						X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X
DOES HIS JOB WITHOUT STRONG SUPPORT							X
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X	
WRITES EFFECTIVELY					X		
SECURITY CONSCIOUS					X		
THINKS CLEARLY						X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X		
OTHER (Specify):							

SEE SECTION "E" ON REVERSE SIDE

FORM 4-58 45 OBSOLETE PREVIOUS EDITIONS.

SECRET

(6)

SECRET
(When Filled-In)

OFFICE OF PERSONNEL MANAGEMENT
02 PM '62

SECTION E — NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

SECTION F — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE	SIGNATURE OF EMPLOYEE
31 December 61	Jerome Fox (Signed)

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
7	

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

- [ ] EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS
- [ ] REPORT MADE WITHIN LAST 90 DAYS
- [ ] OTHER (Specify)

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
31 December 61		(Signed)

3. BY REVIEWING OFFICIAL

- [x] I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- [ ] I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
31 Dec. 61		(Signed)

SECRET

Continuation of Section B:

Specific Duty No. 3

collection techniques [redacted]

Specific Duty No. 4

KUDOVS elements, particularly [redacted]

14 00000

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A — GENERAL

1. NAME (Last) (First) (Middle): FOX, Jerome	2. DATE OF BIRTH:	3. SEX: Male	4. GRADE: GS-11
5. SERVICE DESIGNATION: IR	6. OFFICIAL POSITION TITLE: IO	7. OFF/DIV/BR OF ASSIGNMENT:	

8. CAREER STAFF STATUS

NOT ELIGIBLE	X	MEMBER		DEFERRED			
PENDING		DECLINED		DENIED			

9. TYPE OF REPORT

	INITIAL		REASSIGNMENT/SUPERVISOR
X	ANNUAL		REASSIGNMENT/EMPLOYEE

10. DATE REPORT DUE IN O.P.

11. REPORTING PERIOD From: Sept 59 To: Apr 61

SPECIAL (Specify):

SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding

SPECIFIC DUTY NO. 1	RATING NO.	SPECIFIC DUTY NO. 4	RATING NO.
Monitors and coordinates [redacted] with ODYOKE and allied armed services [redacted] in North Asian area covering specifically [redacted]	6	Maintains continuing and close official & personal working liaison with & support for commanders & officers of the various ODYOKE military intel collection units in [redacted] (cont)	5
SPECIFIC DUTY NO. 2	**RATING NO.**	**SPECIFIC DUTY NO. 5**	**RATING NO.**
Determines, initiates and directly participates in the exploitation of [redacted] targets in conjunction with [redacted] and ODYOKE armed services.	6	Responsible for preparing [redacted] of collection intel & admin rpts & dispatches to [redacted] on all matters pertaining to the [redacted] in this area of jurisdiction.	5
SPECIFIC DUTY NO. 3	**RATING NO.**	**SPECIFIC DUTY NO. 6**	**RATING NO.**
Provides detailed training and guidance for ODYOKE personnel and for foreign allied personnel (e.g. [redacted] use, but [redacted] in the identification, photographic and (cont)	6	Represents the interest of [redacted] generally in liaison with other ODYOKE intelligence components- both collection and analysis-in [redacted]	5

SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO.: 5

SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.

1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	RATING 1	2	3	4	5
GETS THINGS DONE							X
RESOURCEFUL							X
ACCEPTS RESPONSIBILITIES							X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X
DOES HIS JOB WITHOUT STRONG SUPPORT						X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X	
WRITES EFFECTIVELY					X		
SECURITY CONSCIOUS					X		
THINKS CLEARLY						X	
DISCIPLINED IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X		
OTHER (Specify)							

SEE SECTION "E" ON REVERSE SIDE

14 00000

SECRET
(When Filled In)

SECTION E — NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

SECTION F — CERTIFICATION AND COMMENTS (Continued)

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE	SIGNATURE OF EMPLOYEE
14 April 1961	Jerome Fox (Signed)

This report has been prepared in accordance with F.I.S. Division standards which [illegible] in rating the individ[illegible] an average [illegible] performance.

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
18	

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON:

- [ ] EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS
- [ ] REPORT MADE WITHIN LAST 90 DAYS
- [ ] OTHER (Specify):

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
14 April 1961	Chief, CIB	

3. BY REVIEWING OFFICIAL

- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- [ ] I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

14 Apr 1961		

SECRET

Continuation of Section B:

Specific Duty No. 3

collection techniques [redacted]

Specific Duty No. 4

KUDOVE elements, [redacted]

Continuation of Section E:

and experience in the broader, analytical aspects of the KUCHAP area, including language and area studies.

Continuation of Section F-3:

normal administrative responsibilities.

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A — GENERAL

1. NAME (Last)	(First)	(Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE
FOX	Jerome			Male	GS-11

5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT
IR		

8. CAREER STAFF STATUS						9. TYPE OF REPORT			
	NOT ELIGIBLE	X	MEMBER		DEFERRED		INITIAL		REASSIGNMENT/SUPERVISOR
	PENDING		DECLINED		DENIED	X	ANNUAL		REASSIGNMENT/EMPLOYEE

10. DATE REPORT DUE IN O.P.	11. REPORTING PERIOD From	To	SPECIAL (Specify)
	4 Sept 59	30 Sept 60	Promotion

SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding

SPECIFIC DUTY	RATING NO.
SPECIFIC DUTY NO. 1 Monitors and coordinates with ODYOKE and allied armed services the [redacted] in North Asian area covering non-official [redacted]	6
SPECIFIC DUTY NO. 2 Determines, initiates and directly participates in the exploitation of [redacted] targets in conjunction with KUDOVE and ODYOKE armed services.	6
SPECIFIC DUTY NO. 3 Provides detailed training and guidance for ODYOKE personnel and [redacted] for foreign allied personnel (e.g. [redacted] Nationalist), [redacted] in the identification [redacted] and collection techniques applicable to the [redacted]	6
SPECIFIC DUTY NO. 4 Maintains continuing and close official & personal working liaison with & support for commanders & officers of the various ODYOKE [redacted] units in [redacted]	5
SPECIFIC DUTY NO. 5 Particularly the [redacted] Liaison Staff, responsible for preparation of collection intel & admin reports & dispatches to [redacted] on all matters pertaining to the [redacted] area of jurisdiction. Represents the interests of [redacted] generally in liaison with other ODYOKE intelligence components-both collection and analysis-in [redacted]	5

SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO. 5

SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.

1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	RATING 1	2	3	4	5
GETS THINGS DONE							X
RESOURCEFUL							X
ACCEPTS RESPONSIBILITIES							X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X
DOES HIS JOB WITHOUT STRONG SUPPORT						X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X	
WRITES EFFECTIVELY					X		
SECURITY CONSCIOUS					X		
THINKS CLEARLY						X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X		
OTHER (Specify):							

SEE SECTION "E" ON REVERSE SIDE

FORM 45 8-58 OBSOLETE PREVIOUS EDITIONS.

SECRET

(6)

Continuation of Section E:

In recognition of subject officer's outstanding performance to date and in view of the considerable responsibilities incident to the post of [redacted] representative in this area, I recommend that subject officer be promoted to the grade of GS-12 as soon as possible.

SECRET 24 AUG 1959
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 117974

SECTION A — GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. GRADE
Fox, Jerome		Male	GS-11

5. SERVICE DESIGNATION	6. OFFICIAL POSITION TITLE	7. OFF/DIV/BR OF ASSIGNMENT
IR	IO	ORR-FM/EA

8. CAREER STAFF STATUS						9. TYPE OF REPORT			
	NOT ELIGIBLE	XX	MEMBER		DEFERRED		INITIAL	X	REASSIGNMENT/SUPERVISOR
	PENDING		DECLINED		DENIED	X	ANNUAL	X	REASSIGNMENT/EMPLOYEE

10. DATE REPORT DUE IN O.P.	11. REPORTING PERIOD	SPECIAL (Specify)
31 Oct 1959	From 13 Mar 58 To 30 Sep 1959	

SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding

SPECIFIC DUTY NO. 1	RATING NO.	SPECIFIC DUTY NO. 4	RATING NO.
Prepares written reports on results of analysis.	3	Directs and participates in field exploitation.	4
SPECIFIC DUTY NO. 2	**RATING NO.**	**SPECIFIC DUTY NO. 5**	**RATING NO.**
Derives significant intelligence from factory markings data.	4	Organizes raw data into analytic file.	5
SPECIFIC DUTY NO. 3	**RATING NO.**	**SPECIFIC DUTY NO. 6**	**RATING NO.**
Supervises junior analyst.	4		

SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO. 3

SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.

1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree

CHARACTERISTICS	NOT APPLICABLE	NOT OBSERVED	RATING 1	2	3	4	5
GETS THINGS DONE					X		
RESOURCEFUL						X	
ACCEPTS RESPONSIBILITIES					X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES						X	
DOES HIS JOB WITHOUT STRONG SUPPORT						X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE						X	
WRITES EFFECTIVELY				X			
SECURITY CONSCIOUS						X	
THINKS CLEARLY					X		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS						X	
OTHER (Specify):							

SEE SECTION "E" ON REVERSE SIDE

14 00000

SECRET
(When Filled In)

SECTION E — NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

OFFICE OF PERSONNEL
AUG 19 4 56 PM '59
MAIL ROOM

SECTION F — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE	SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
42	Departed on PCS overseas.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

- [ ] EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS
- [ ] REPORT MADE WITHIN LAST 90 DAYS
- [ ] OTHER (Specify)

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
13 August 1959	Chief, FM/EA	

3. BY REVIEWING OFFICIAL

- [x] I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- [ ] I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
13 August 1959	Chief, St/FM	

SECRET

S-E-C-R-E-T

REPORT OF TRAINING

Operations Familiarization Course No. 17

I. IDENTIFYING INFORMATION

Name: FOX, Jerome

Sex: Male

Date of Birth: [redacted]

Grade or Rank: GS-11

EOD Date: 15 June 1953

Office: ORR

Dates of Course: 6 Apr - 15 May 59 No. of Students: 25

Projected Assignment or Present Position: [redacted]
(from Request for Internal Training)

II. DESCRIPTION OF COURSE

The Operations Familiarization Course is a six-week course designed primarily for Clandestine Services non-case officer personnel and for non-Clandestine Services officers whose responsibilities in support of operations require adequate familiarization with case officer functions and with the programs and operations of the Clandestine Services.

III. REPORT OF STUDENT ACHIEVEMENT

To satisfactorily complete the Operations Familiarization Course the student must demonstrate in a series of seminars and in a limited number of written assignments that he has acquired an adequate understanding of the fundamentals of clandestine operations. Testing mechanisms are minimal and do not permit an extensive evaluation of individual performance.

Mr. Fox satisfactorily completed Operations Familiarization Course No. 17.

FOR THE DIRECTOR OF TRAINING:

[redacted]

Chief Instructor, OFC

[redacted]

Chief, Field Training

S-E-C-R-E-T

S-E-C-R-E-T
(When filled in)

COURSE EVALUATION

SPANISH BEGIN BEGINNER SPEAKING WRITING II (PART-TIME)

SECTION I: IDENTIFYING INFORMATION

NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
FOX, Jerome	Male	5 Jan - 13 March 1959	3
DATE OF BIRTH	EOD DATE	GRADE OR RANK	OFFICE
	15 June 1955	GS-11	ORB
PROJECTED ASSIGNMENT OR PRESENT POSITION			
Analytic position in ST/PM			

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the Language Laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of ten-minute tests during the progress of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had either a reading course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

A. Ability to produce and distinguish all the sounds of the language.
B. Ability to use adequately a stock of correct Spanish sentences and expressions.
C. Ability to analyze sentences and expressions into their components.
D. Ability to comprehend normal-paced spoken Spanish in a wide variety of non-technical situations.
E. Ability to read and write informal Spanish using a limited number of vocabulary and structural items.

SECTION IV: EVALUATION RATINGS

The following is an explanation of the five terms of evaluation employed below:

1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.

S-E-C-R-E-T
(When filled in)

S-E-C-T-I-O-N
(when filled in)

3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
4. The student showed a high degree of competence in meeting the objectives.
5. The student demonstrated exceptional ability or proficiency in meeting the objectives. The accomplishment was one attained by a very small number of students.

SECTION V: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that rating in terms of the above objectives. The asterisk (*) represents the rating this student achieved.

Course Objectives	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Objective A			2 *	1	
Objective B			2 *	1	
Objective C			2 *	1	
Objective D			2 *	1	
Objective E			2 *	1	

This class as a whole is rated as:

Above average _____ Average X Lower than average _____

SECTION VI: COMMENTS

FOR THE DIRECTOR OF TRAINING

Signature of Instructor

S-E-C-T-I-O-N
(when filled in)

[illegible]

[illegible]

SECTION I: [illegible]

NAME	[illegible]	[illegible]	NO. OF STUDENTS
FOX, Jerome	Male	13 Oct 58-19 Dec 58	6
DATE OF BIRTH	[illegible]	[illegible]	[illegible]
	15 June 1955	03-11	USN
IF DIRECTED ASSIGNMENT, OF PRESENT POSITION			
Analyst			

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are [illegible] hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the Language Laboratory outside of class hours. The instructor is [illegible] to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of [illegible] tests during the progress of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has [illegible] had [illegible] in the language or an insufficient introduction to the language. To serve as a basis for further advancement either by independent learning in the [illegible] or by further study.

The specific objectives are:

Objective A: Ability to produce and distinguish all the sounds of the language.

Objective B: Ability [illegible] a stock of correct Spanish sentences and expressions.

Objective C: Ability to analyze [illegible] into their components.

Objective D: Ability to [illegible] spoken Spanish in a wide variety of [illegible] situations.

Objective E: Ability to read [illegible] a limited number of [illegible] and structural words.

SECTION IV: EVALUATION [illegible]

[illegible]

[illegible]

[illegible]

The following is an explanation of the five terms of evaluation employed below.

Rating 1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.

Rating 2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.

Rating 3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.

Rating 4. The student showed a high degree of competence in meeting the objectives.

Rating 5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION V: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that Rating in terms of the above objectives. The asterisk (*) represents the Rating this student achieved.

Course Objectives	Rating 1.	Rating 2.	Rating 3.	Rating 4.	Rating 5.
Objective A.		1	2	2*	1
Objective B.			3*	3	
Objective C.			4*	2	
Objective D.			3*	3	
Objective E.			3	3*	

This class as a whole is rated as:

Above average _____ Average X Below average _____

SECTION VI: COMMENTS

Since reading skills are stressed during the latter part of the 30-week course series, the rating for Objective E is based on a limited amount of information.

FOR THE DIRECTOR OF TRAINING:

/s/ [redacted]

Signature of Chief Instructor

[illegible]

(Rank Typed In)

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 30-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

SECTION A. GENERAL

1. NAME (Last)	(First)	(Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
FOX	[redacted]		[redacted]	M	IR

5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT	6. OFFICIAL POSITION TITLE
CPD/[redacted]	Identification Specialist

7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)
11	20 March 58	15 March 57 - 15 March 58

10. TYPE OF REPORT (Check one)						
		INITIAL		REASSIGNMENT-SUPERVISOR		SPECIAL (Specify)
	X	ANNUAL		REASSIGNMENT-EMPLOYEE		

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT [ ] WAS [X] HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT: Individual on TDY Overseas

A. CHECK (X) APPROPRIATE STATEMENTS:

X	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.		IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
	THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.		I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
X	I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.		

B. THIS DATE	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	D. SUPERVISOR'S OFFICIAL TITLE
8 April 1958	[redacted]	Branch Chief/EA

2. FOR THE REVIEWING OFFICIAL: [redacted] DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

	BY	DATE
Posted Per. Control	[illegible]	10 APR 1958
Reviewed by PCD	[illegible]	4/14/58

[ ] CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
8 Apr 58	[redacted]	Chief, SB/PD/RR

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

INSERT RATING NUMBER	
4	1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT. 2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS. 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. 5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET
(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

a. State in the spaces below up to six of the more important SPECIFIC duties performed during the rating period. Place the most important first. Do not include minor or unimportant duties.

b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.

c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).

d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.

e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

OFFICE OF ADMINISTRATION
MAR 9 4 32 PM '58
MAIL ROOM

DESCRIPTIVE RATING NUMBER

1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY
2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY
3 - PERFORMS THIS DUTY ACCEPTABLY
4 - PERFORMS THIS DUTY IN A COMPETENT MANNER
5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB
6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY

SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER
Organizes raw data into analytic file	5	Directs field exploitation	4
SPECIFIC DUTY NO. 2	**RATING NUMBER**	**SPECIFIC DUTY NO. 5**	**RATING NUMBER**
Derives significant intelligence from data	5	Supervises junior analysts	4
SPECIFIC DUTY NO. 3	**RATING NUMBER**	**SPECIFIC DUTY NO. 6**	**RATING NUMBER**
Prepares reports on conclusions	3		

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

SECTION D: SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

4
RATING NUMBER

1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? [ ] YES [X] NO. IF YES, EXPLAIN FULLY:

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CR no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E. GENERAL

1. NAME (Last) FOX (First) JEROME (Middle)	2. DATE OF BIRTH	3. SEX M	4. SERVICE DESIGNATION IR
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT CRR	6. OFFICIAL POSITION TITLE Identification Specialist		
7. GRADE 11	8. DATE REPORT DUE IN OP 29 March 58	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 March 57 - 15 March 58	

10. TYPE OF REPORT (Check one)						
		INITIAL		REASSIGNMENT-SUPERVISOR		SPECIAL (Specify)
	X	ANNUAL		REASSIGNMENT-EMPLOYEE		

SECTION F. CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
8 April 1958		Branch Chief/EA

2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
8 Apr 58		Chief, SE/PM/RR

SECTION G. ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

RATING NUMBER: 4

1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE SITUATIONS WITHOUT FURTHER TRAINING
6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

DATE

Reviewed by PLD

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☐ Yes ☐ No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER:
0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
1 - BELIEVE INDIVIDUAL WOULD BE A GREAT SUPERVISOR IN THIS KIND OF SITUATION
2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
3 - BELIEVE INDIVIDUAL WOULD BE A POOR SUPERVISOR IN THIS SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
2		A GROUP USING THE BASIC JOB (Truck drivers, stenographers, technicians or professional specialists of various kinds) UNDER CONTROL WITH IMMEDIATE SUBORDINATES IN PRESENT (First line supervisor)
	2	A GROUP OF SUPERVISORS SUPERVISING THE BASIC JOB (Second line supervisors)
	3	A GROUP, ONE MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR WHOLE PLANT, ORGANIZATION AND POLICY (Executive level)
	2	WITH CONTROL WITH IMMEDIATE SUBORDINATES IS NOT PRESENT
	2	WITH IMMEDIATE SUBORDINATES' SUBORDINATES ARE GROUPS AND NEED CONTROL COORDINATION
	2	WITH IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE SUPERVISORY JOB
		OTHER (Specify)

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION: 30

APR 9 4 31 PM '58

4. COMMENTS CONCERNING POTENTIAL

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Writing courses and additional on-the-job training, to include overseas TDY on operational assignments.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

CATEGORY NUMBER
- 0 - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	3	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
4	3. HAS INITIATIVE	4	13. ACCEPTS RESPONSIBILITIES	3	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	3	14. ADMITS HIS ERRORS	4	24. WORKS WELL UNDER PRESSURE
4	5. DEVELOPS CONSTANTLY FOR HIS KNOWLEDGE AND SKILLS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
3	6. SHOWS DRIVE TO SEEK ACCEPTABLE	3	16. SEES HIS JOB BEYOND STRONG SUPPORT	3	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	4	27. IS DEPENDABLE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	4	28. WELCOMES CRITICISM TO CONSTRUCTIVE
4	9. GETS THINGS DONE	4	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
4	10. CAN COPE WITH INCONSISTENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN REASONABLE TIME LIMITS	4	30. DOES NOT DELAY OF STRONG AND CONTINUOUS SUPERVISION

TSS/PB TRAINING DIVISION EVALUATION — DARKROOM 9

BASIC PHOTOGRAPHY No. 1

NAME Jerome FOX DIV/CRI BR. 13 DATES TRAINED: from 23 June to 17 July '57

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

	None	Unsat	Fair	Good	Excellent	Superior
I. Manipulation of camera.						
a. Leica				X		
b. Retina II C	X					
c. Recordak				X		
II. Processing and printing.						
a. Film loading				X		
b. Film processing				X		
c. Enlarging				X		
d. Reflex and contact printing					X	
III. Use of accessory equipment.						
a. Exposure meter				X		
b. Filters	X					
c. Telephoto and wide angle lenses				X		
IV. Document copy and small objects.						
a. Available light	X					
b. Accessory illumination				X		
c. BOOWU, portra lens, focus slide				X		
V. Ground photography.						
a. Coverage						
b. Report	X					
VI. Casing.						
a. Coverage						
b. Report						
VII. Surveillance.						
a. Coverage						
b. Report						
VIII. Special problems.						
a. Coverage						
b. Report						
General quality of prints				X		
Choice of subject matter				X		
Quality of darkroom work (Cleanliness, etc.)				X		
Attitude toward subject matter				X		
Cooperation					X	

REMARKS:

APPROVED: _____
C/TSS/TD

_____
Instructor

14 00000

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item B, of Section "A" below.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
FOX Jerome		M	IR

5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT	6. OFFICIAL POSITION TITLE
ORR/Techniques & Methods/Analysis & Reports	Identification Specialist

7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)
GS-9	29 March 1957	15 March 1956 - 15 March 1957

10. TYPE OF REPORT (Check one)				
	INITIAL		PERMANENT EMPLOYEE	SPECIAL (Specify)
	X ANNUAL		PERMANENT EMPLOYEE	

SECTION B. CERTIFICATION

1. FOR THE RATED: THIS REPORT [X] HAS [ ] HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

A. CHECK (X) APPROPRIATE STATEMENTS:

XX	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.		IF INDIVIDUAL IS RATED "E" IN C1 OR D, A DENIAL DATE YOU HAS RIGHT TO VIEW A COPY ATTACHED TO THIS REPORT.
	THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.		I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify).
XX	I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.		

B. THIS DATE	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	D. SUPERVISOR'S OFFICIAL TITLE
28 March 57		Acting Branch Chief

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

	BY	DATE
Posted By		22 APR 1957
Reviewed By		54

[ ] CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
28 March 57		Chief, D/T/RR

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

5	1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
	2 - BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
	3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
	4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
	5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
	6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

INSERT RATING NUMBER

COMMENTS:

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.

b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.

c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).

d. Compare, in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.

e. Two individuals with the same job title may be performing different duties. Then rate them on different duties.

f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	DRAFTS REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

DESCRIPTIVE RATING NUMBER

1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY
2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY
3 - PERFORMS THIS DUTY ACCEPTABLY
4 - PERFORMS THIS DUTY IN A COMPETENT MANNER
5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB.
6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER. FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS.
7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY

SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER
Organizes raw data into analytic file.	6	Devises codes for mechanical processing of raw data.	5
SPECIFIC DUTY NO. 2	**RATING NUMBER**	**SPECIFIC DUTY NO. 5**	**RATING NUMBER**
Derives significant intelligence from data.	5	Participates in field exploitation	5
SPECIFIC DUTY NO. 3	**RATING NUMBER**	**SPECIFIC DUTY NO. 6**	**RATING NUMBER**
Drafts reports on conclusions.	4		

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses; particularly those which affect development on present job.

Mr. Fox

SECTION C. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS. Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

RATING NUMBER: 5

1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
3 - A BARELY ACCEPTABLE EMPLOYEE...DELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? [ ] YES [X] NO. IF YES, EXPLAIN FULLY:

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days have elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CB no later than 90 days after the due date indicated in item 8 of Section "F" below.

SECTION E. GENERAL

1. NAME (Last)	(First)	(Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
FOX	Jerome			M	IR

5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT	6. OFFICIAL POSITION TITLE
ORR/Techniques & Methods/Analysis & Reports	Ident. Specialist

7. GRADE	8. DATE REPORT DUE IN OP	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)
GS-9	29 March 1957	15 March 1956 - 15 March 1957

10. TYPE OF REPORT (Check one)					
		Initial		Cross-branch supervisor	Special (Specify)
	X	Annual		Cross-branch employee	

SECTION F. CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED

A. DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
28 March 57		Acting Branch Chief

2. FOR THE REVIEWER: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO

A. DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
28 March 57		CHIEF ORR

SECTION G. ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

RATING NUMBER: 6

1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE JOBS, PROVIDED WITHOUT FURTHER TRAINING
6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
7 - AN EXCEPTIONAL PERSON AND IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

DATE 22 1957

REVIEWER

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? ☒ Yes ☐ No If your answer is YES, indicate below your opinion of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by showing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER:
0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
1 - BELIEVE INDIVIDUAL WOULD BE A POOR SUPERVISOR IN THIS KIND OF SITUATION
2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		A GROUP DOING THE WORK (Crude drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)
	2	A GROUP OF SUPERVISORS WHO DIRECT THE WORK AND (Second line supervisors)
	3	A GROUP, ONE OR MORE OF WHOM SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION AND POLICY (Executive level)
	2	WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	2	WHERE IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CLOSER COORDINATION
3		WHERE IMMEDIATE SUBORDINATES INCLUDE MANAGERS OF THE OPPOSITE SEX
		OTHER (Specify)

SECRET
(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
18

4. COMMENTS CONCERNING POTENTIAL

SECTION H. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Mr. Fox

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

CATEGORY NUMBER
- X - HAVE NOT OBSERVED THIS, HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DEALING WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	X	24. WORKS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBSERVANT	X	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	4	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS		30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

21

SECRET
(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any section. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in Item B, of Section "A" below.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle): Fox Jerome	2. DATE OF BIRTH:	3. SEX: M	4. SERVICE DESIGNATION: SD/IR
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT: ORR, Techniques & Methods Div., Analysis & Reports Br.	6. OFFICIAL POSITION TITLE: Identification Specialist		
7. GRADE: GS-7	8. DATE REPORT DUE IN OP: 6 April 1956	9. PERIOD COVERED BY THIS REPORT (Inclusive dates): 15 June 1955 - 15 March 1956	
10. TYPE OF REPORT (Check one): X INITIAL; ANNUAL; REASSIGNMENT-SUPERVISOR; REASSIGNMENT-EMPLOYEE; SPECIAL (Specify)			

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT [X] HAS [ ] HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

A. CHECK (X) APPROPRIATE STATEMENTS:

X	THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.		IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
	THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.		I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
	I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.		

B. THIS DATE: 9 April 1956 | C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | D. SUPERVISOR'S OFFICIAL TITLE: CHIEF, T/AR

2. FOR THE REVIEWING OFFICIAL: I CERTIFY THAT ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

No difference of opinion. Concur in evaluation of Mr. Fox as one of the better young men I've seen.

	BY	DATE
Posted Pos. Control	F.P.	20 APR 1956
Reviewed by PUD		4-25

I certify that any substantial difference of opinion with the supervisor is reflected in the above section. [ ] CONTINUED ON ATTACHED SHEET

A. THIS DATE: 9 April 56 | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL: CHIEF, D/T

SECTION C.

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

5 — INSERT RATING NUMBER

1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
2 - BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

1. Employment should be continued beyond the probationary period.
2. Mr. Fox's performance on the job was substantially superior to indications from the BOC evaluation.

SECRET
(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES BUDGETS
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

g. For some jobs, duties may be broken down even further if supervisor considers it advisable; e.g., combined key and phone operation, in the case of a radio operator.

APR 19 12 09 PM '56

DESCRIPTIVE RATING NUMBER

1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY
2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY
3 - PERFORMS THIS DUTY ACCEPTABLY
4 - PERFORMS THIS DUTY IN A COMPETENT MANNER
5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB
6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY

SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER
Organize raw data into analytic file	6	Participate in field exploitation	4
SPECIFIC DUTY NO. 2	**RATING NUMBER**	**SPECIFIC DUTY NO. 5**	**RATING NUMBER**
Derive significant intelligence from data	6		
SPECIFIC DUTY NO. 3	**RATING NUMBER**	**SPECIFIC DUTY NO. 6**	**RATING NUMBER**
Draft reports on conclusions	5		

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect [illegible]

Mr. Fox

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

6
RATING NUMBER

1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
2 - OF DOUBTFUL SUITABILITY - I WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☒ NO. IF YES, EXPLAIN FULLY:

SECRET

SECRET
(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER. Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee; however, it MUST be completed and forwarded to the OF no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E. GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX	4. SERVICE DESIGNATION
Fox Jerome		M	SD/IR

5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT	6. OFFICIAL POSITION TITLE
OTR, Techniques and Methods Div., Analysis & Reports Br.	Identification Specialist

7. GRADE	8. DATE REPORT DUE IN OF	9. PERIOD COVERED BY THIS REPORT (Inclusive dates)
GS-7	6 April 1956	15 June 1955 - 15 March 1956

10. TYPE OF REPORT (Check one)						
	X	INITIAL		REASSIGNMENT-SUPERVISOR		SPECIAL (Specify)
		ANNUAL		REASSIGNMENT-EMPLOYEE		

SECTION F. CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE
9 April 1956		CHIEF, T/AR

2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

A. THIS DATE	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL
9 Apr 56		CHIEF, D/T

SECTION G. ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

RATING NUMBER: 6

1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? [X] Yes [ ] No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing his supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER:
0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
1 - BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION
2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION
3		A GROUP DOING THE BASIC JOB (Truck drivers, stenographers, technicians or professional specialists of various kinds) WHERE CONTACT WITH IMMEDIATE SUBORDINATES IS FREQUENT (First line supervisor)
	2	A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors)
	0	A GROUP, WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION, AND POLICY (Executive level)
	2	WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT
	2	WHEN IMMEDIATE SUBORDINATES' ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION
	2	WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE DEFENSIVE SEA
		OTHER (Specify)

14 00000

SECRET

(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION

SIX

OFFICE OF TECHNICAL

MAIL ROOM

SECTION H. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Mr. Fox

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

CATEGORY NUMBER

X - HAVE NOT OBSERVED THIS, HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFICIENT IN DEALING WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. SOLVES HIS PROBS	X	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MINDSET FOR TASKS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN COPE WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. DOES NOT REQUIRE STRONG AND CONTINUOUS SUPERVISION

SECRET

SECRET

TRAINING EVALUATION

INTEL. BRANCH PROCESSING AND NATIONAL ID. 8

SECTION I: IDENTIFYING INFORMATION

NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
FOX, Jerome	M	26 Sept. - 21 Oct.	14

DATE OF BIRTH	EOD DATE	GRADE OR RANK	OFFICE
	15 June 1955	GS-7	ORR

PROPOSED ASSIGNMENT OR PRESENT POSITION

Identification Specialist

SECTION II: OBJECTIVES OF THE COURSE

1. To introduce students to the skills and methods involved in the processing of intelligence materials.

2. To provide practice in the oral and written presentation of intelligence for a variety of purposes.

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

Intelligence Principles and Methods is a four weeks (160 hours) extension of Basic Orientation Course for personnel who are or will be engaged in the production of intelligence. Emphasis is on "learning by doing", through the medium of a series of integrated written exercises which require processing of actual intelligence documents. Exercise is also gained in the oral presentation of intelligence through a series of briefings before the class. Each student is assigned a special research problem for which approximately 40 hours are allotted in the course schedule. The results are presented to fellow-students and instructors in an oral briefing at the close of the course. The student also prepares an annotated bibliography, and writes a critical review of one of his chief sources.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Written exercises are graded independently by at least two members of the instructional staff on the basis of how well the student has met the requirements of selectivity, organization, accuracy to original, brevity and clarity of style. Graded for each type of written exercise are weighed in Section V. Oral briefings are evaluated by both instructors and fellow students through the use of written critique sheets and oral observations following each presentation. A composite grade is given for the oral briefings. In the evaluation of the research problem the grade weighs inclusive intelligence focus, exploitation of sources, and general [illegible] of written and oral presentation. The grades are defined as follows:

SUPERIOR: The student demonstrated outstanding ability in [illegible] in meeting this course goal or objective; he [illegible] thorough knowledge of the material [illegible] the concepts that [illegible] area.

Section IV. How the Students are Evaluated (Contd.)

EXCELLENT: The student showed unusual competence, skill or ability in meeting this objective or goal; he demonstrated a thorough grasp of the presented material, or, if skills are involved, he demonstrated that he can perform in an extremely effective manner in this area.

SATISFACTORY: The student met this objective in a competent and adequate manner; he demonstrated a good understanding and grasp of the information presented, or, if skills are involved, he demonstrated sufficient competence to operate effectively in this area.

POOR: Although the student may have met some of the standards set for minimum achievement of this course goal or objective, he demonstrated serious gaps in knowledge or sufficient lack of skill to be of doubtful competence.

FAILURE: The student was unable to grasp the concepts of information presented, or demonstrated that he had not acquired the necessary information and skills to operate at even minimum capacity in this area.

SECTION V: REPORT OF STUDENT ACHIEVEMENT

Figures show grade distribution. The asterisk indicates grade this student received.

SUBJECT	FAIL	POOR	SAT	EXC	SUP
1. Exercise - Interview Reporting	0	0	6*	7	1
2. Exercise - Brief Daily Intell. Item	0	0	7	6*	1
3. Exercise - Periodical Intell. Item	0	0	5*	9	0
4. Critical Book Review	0	0	4	7*	3
5. Research Problem	0	0	6*	7	1
6. Skill in Oral Briefing	0	0	6*	8	0

SECTION VI: INSTRUCTORS OVER-ALL EVALUATION

In terms of all factors observed during the course and taking into account this student's experience in the Agency, grade, and general area of work, an "X" in one of the boxes shows the judgment of the instructional staff of his performance.

Fail	Poor	Minus	Satisfactory	Plus	Excellent	Superior
☐	☐☐☐	☐☐☐☐☐	☒	☐☐☐☐☐☐	☐☐☐	☐

COMMENTS:

FOR THE DIRECTOR OF TRAINING:

Chief Instructor

THIS PAGE OF THE REPORT IS NOT TO BE SHOWN TO THE STUDENT UNDER ANY CIRCUMSTANCES

SECTION VII: INSTRUCTORS' COMMENTS

[redacted]

This evaluation, shown by an "X" in one of the boxes, [illegible] this training record, the student's age, grade, Agency experience, and projected assignment. It is included for the purpose of giving supervisors an estimate of the implications of the training evaluation report for the student's assignment and career potential.

Fail	Poor	Minus	Satisfactory	Plus	Excellent	Superior
☐	☐☐☐	☐☐☐☐☐☐☐☐☐☐			☐☐☐	☐

Training Officer's Comments:

Training Officer

SECRET

WJF:1 Jerome Fox

READING ANALYSIS PROGRAM 8

OBJECTIVES OF PROGRAM

1. To determine employees' proficiency level in scanning, extensive and intensive reading tasks.
2. To determine employees' degree of reading versatility. Versatility is defined as the ability to apply the several reading skills appropriately to various reading situations.
3. To ascertain the probable gain which would accrue from further training in reading skills.
4. To inform each employee concerning his relative reading proficiency in scanning, extensive and intensive reading and his versatility.

TEST DESCRIPTION

READING COMPREHENSION TESTS: Measure speed and accuracy of basic comprehension skills. Complete and objective understanding, analysis, and interpretation are required in this test.

EXTENSIVE READING TESTS: Measure the degree of proficiency in informational, or general reading.

INTENSIVE READING TESTS: Measure reading proficiency in acquiring basic knowledge of new subject.

SCANNING TESTS: Measure proficiency in the organization and location of specific information, main idea, and questions.

ANALYSIS OF READING PERFORMANCE

	Poor	Fair	Int.	Exc.	Sup.
1. Basic Comprehension Skills			X		
2. Extensive Techniques			X		
3. Intensive Techniques		X			
4. Scanning Techniques:					
Specific Information			X		
Main Idea			X		
Questions				X	
Organization			X		
5. Versatility			X		

COMMENTS AND RECOMMENDATIONS:

Mr. Fox [redacted]

[redacted]

FOR THE DIRECTOR OF TRAINING

[redacted]
Chief Instructor

SECRET

SECRET

TRAINING EVALUATION -- BASIC ORIENTATION

COURSE NO. 21

SECTION I — IDENTIFYING INFORMATION

NAME OF STUDENT: FOX, Jerome	SEX: X MALE / FEMALE	DATES OF COURSE: 6 - 23 September 1955	NO. OF STUDENTS: 120
DATE OF BIRTH:	EOD DATE: June '55	GRADE OR RANK: GS-7	OFFICE: TR

PROJECTED ASSIGNMENT OR PRESENT POSITION: Identification Specialist

SECTION II — CHARACTERISTICS OF THE COURSE

Material in this course is presented primarily by lecture and exhibit; several seminars and discussions are also held. The rating on Introduction to Intelligence is determined by the results of one multiple choice test, based on lecture material; the rating on Communism and the USSR is determined by one multiple choice test covering the lecture and readings.

SECTION III — OBJECTIVES

A. The Basic Orientation Course is designed to provide the student with information in the following areas:

1. Introduction to Intelligence

   a. Organization for national security, with emphasis on the intelligence community and the organization and mission of CIA as it fits into the whole national security effort.
   b. The principles and methods of intelligence, emphasizing the substantive components of CIA, considering the types of information, and the collecting, processing, and disseminating functions.
   c. An introduction to clandestine activity, with emphasis on the functions of the clandestine services.

2. Communism and the USSR

   This deals with Marxist theory, the history of Socialism and Communism, Communist activities outside the USSR, history and geography of Russia, political structure of the USSR, Soviet foreign policy, and potentialities and vulnerabilities of the USSR.

B. Throughout the three weeks of the course discussions and conferences deal with the American Thesis.

SECTION IV — STUDENT ACHIEVEMENT RATINGS

The numbers placed in the columns below show how many students received each rating. An asterisk (*) shows the rating this student received.

SUBJECT	HOURS	RATING: FAIL	POOR	SATISFACTORY	EXCELLENT	SUPERIOR
INTRODUCTION TO INTELLIGENCE	64	4	9	30	45 *	32
COMMUNISM AND THE USSR	56	2	14	40*	37	29

SECTION V — COMMENTS

INDICATE ANY STRONG AND WEAK POINTS OF THE STUDENT, OR ANYTHING THAT MAY HAVE INFLUENCED HIS PERFORMANCE IN THE COURSE

CONTINUE COMMENTS ON REVERSE SIDE ☐ OVER

FOR THE DIRECTOR OF TRAINING:

SIGNATURE OF CHIEF INSTRUCTOR

FORM NO. 450 OBSOLETE PREVIOUS EDITIONS. 1 AUG 55

SECRET

(45)

SECRET

COVER CONTROL OF RETIREMENT PROCESSING	FILE
TO: Retirement Operations Branch Office of Personnel	DATE
RETIREE [illegible]	CATEGORY OF EMPLOYMENT

On the basis of a review of the records [illegible] the following action is to be taken on processing retirement documentation for the person named above.

TYPE RETIREMENT		CIVIL SERVICE	X	CIARDS	DATE [illegible]						
COVER		OVERT ROUTINE		COVERT (OFFICIAL COVER) LOCK-UP		COVERT (NOC) SPECIAL		RETENTION OF AWARDS	X	YES		NO
CORRESPONDENCE	X	OVERT		COVERT		THRU CCS					
FINANCES											
ANNUITY PAYMENTS SHOULD BE	X	U.S. GOV'T. CHECK		OTHER (Payment instructions follow)							
TAX DOCUMENTATION SHOULD BE	X	CIA		CSC		OTHER (MEMO FOLLOWS)					
REQUEST TRANSFER OF FUNDS FROM CIVIL SERVICE COMMISSION		YES		NO		INTERNAL TRANSFER					
INSURANCE											
FEGLI	X	OVERT		COVERT		MAINTAIN RECORDS INTERNALLY ONLY					
TYPE OF HOSPITALIZATION CARD: [illegible]											
AUTHORIZATION TO CONVERT INSURANCE	X	YES		CONVERSION MUST BE APPROVED BY CCS							
RESERVE											
MEMBER OF CIVILIAN RESERVE		YES		NO		OVERT		COVERT			

REMARKS

CHIEF, COVER SUPPORT BRANCH
COVER & COMMERCIAL STAFF

THIS SECTION TO BE COMPLETED BY OFFICE OF SECURITY

_____ NO SECURITY OBJECTIONS TO ABOVE.

OTHER INSTRUCTIONS AS FOLLOWS:

CHIEF, EMPLOYEE ACTIVITY BRANCH, OFFICE OF SECURITY

FORM 3429 USE PREVIOUS EDITIONS SECRET E-2, IMPDET CL. BY: 007622 (4-0-131) 7 - OFF. PERS. FILE ROOM

Standard Form No. 54
January 1969
U.S. Civil Service Commission
FPM Supplement 890-1
54-106

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT
Read instructions on back of duplicate before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle): [illegible] Jerome (Initial)

DATE OF BIRTH (Month, day, year):

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

☐ AN EMPLOYEE ☐ RETIRED OR AN APPLICANT FOR RETIREMENT ☐ RECEIVING FEDERAL EMPLOYEES' COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION, GIVE YOUR "CSA," "CSI," "A," or "X" NUMBER: (CSA, CSI, A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

(Department or agency) (Bureau) (Division) (Location—City, State, and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
[illegible]		Daughter	50%
		Son	50%

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

(Date of execution—month, day, year) (Signature of insured) Jerome Fay

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

(Number and street) (City, State, and ZIP Code)

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code) OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

PERSONAL AFFAIRS
JUL 9 10 00 AM '74
OFFICE OF PERSONNEL

(Indicate date and by whom received)

SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

14 00000

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any insurance payable under that program at your death.

EXAMPLES OF DESIGNATIONS

1. How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue Muncie, Ind. 47303	Niece	All

2. How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary**
Alice M. Long	503 Canal Street Red Bank, N.J. 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, N.J. 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, Ind. 46394	Mother	50%

3. How To Designate a Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, N.Y. 10033	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street New York, N.Y. 10033	Sister	All

4. How To Designate Different Beneficiaries for Regular and Optional Insurance***

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
John D. Jones	124 Elm Street Dayton, Ohio 45420	Son	All Regular Insurance
Jane M. Smith	421 Spring Avenue Portland, Maine 04101	Niece	All Optional Insurance

5. How To Cancel a Designation of Beneficiary and Effect Payment Under Order of Precedence (see back of duplicate)

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

**Be sure that the shares to be paid to the [illegible] beneficiaries add up to 100 percent. [illegible] beneficiary for regular or optional [illegible] more predecease the insured, and there is no surviving [illegible] or contingent beneficiary for that type of insurance, payment for that type of insurance [illegible] made in order of precedence (see back of duplicate).

[illegible]

SECRET

ELECTION, DECLINATION, OR WAIVER OF LIFE INSURANCE COVERAGE
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT AGENCY INSTRUCTIONS ON BACK OF ORIGINAL

TO COMPLETE THIS FORM—

1 FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (Last) (First) (Middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER*
FOX, Jerome 017974		
EMPLOYING DEPARTMENT OR AGENCY	LOCATION (City, State, ZIP Code)	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you WANT BOTH optional and regular insurance [ ] (A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the $10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you DO NOT WANT OPTIONAL but do want regular insurance [X] (B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the $10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you WANT NEITHER regular nor optional insurance [ ] (C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the $10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print): Jerome Fox

DATE: February 19, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

FEB 21 10 32 AM '68
OFFICE OF PERSONNEL

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 176-1
JANUARY 1966
(For use only until April 14, 1968)
176-101

SECRET

SECRET

12 December 1973

Letter of Commendation

TO: Jerome Fox

1. I hereby commend you for your performance in a sensitive Station operation which was completed on 3 and 4 December 1973. Your role ensuring the security of the operation was of the utmost importance. To your credit you remained alert and carried out your duties professionally, despite the initial frustrations and the long hours involved. In doing so you have contributed to the successful accomplishment of a priority objective of our organization.

2. A copy of this letter will be placed in your official personnel file.

Chief of Station

SECRET

CONFIDENTIAL
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 6 ALSO COMPLY WITH NHB 20-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

NAME OF EMPLOYEE (Last) Fox (First) Jerome (Middle) | SOCIAL SECURITY NUMBER

1. MARITAL STATUS (Check one)

SINGLE | X MARRIED | SEPARATED | DIVORCED | WIDOWED | ANNULLED

IF MARRIED, PLACE OF MARRIAGE | DATE OF MARRIAGE

IF DIVORCED, PLACE OF DIVORCE DECREE | DATE OF DECREE

2. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, State, Zip Code)	TELEPHONE NO.

NAME OF FATHER (or male guardian)	ADDRESS	TELEPHONE NO.
Deceased		

NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian)	ADDRESS	TELEPHONE NO.
Deceased		

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. Brother

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (NB 75-12). SPECIFY NAMES AND RELATIONSHIPS.

NAME	DATE OF BIRTH	RELATIONSHIP

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) | RELATIONSHIP: Friend

HOME | HOME TELEPHONE NUMBER

BUS: Housewife | BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE AFFILIATED WITH YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he/she/you work for.) — YES / NO X

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) — YES X / NO

Yes

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) — YES X / NO

Yes

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

FORM 3-73 61 OLD EDITIONS OBSOLETE

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(when filled in)

5. VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS, AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED:

Northern Virginia Bank

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? [X] YES [ ] NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? [ ] YES [X] NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? [X] YES [ ] NO. (If "Yes" above is document located?)

Northern Virginia Bank,

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? [X] YES [ ] NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? [ ] YES [X] NO. (If "Yes", who possess the power of attorney?)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY
(No Approval Required)

RESIDENCE WHEN EMPLOYED (Full Address)	PERMANENT PLACE OF RESIDENCE AS DEFINED IN NR 22-3 (Full Address)

8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See NR 22-3)
(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)

FULL ADDRESS	DEPUTY DIRECTOR OR DESIGNEE	DATE
	DIRECTOR OF PERSONNEL (when applicable per NR 22-3)	DATE

SIGNED AT	DATE	SIGNATURE
Wash DC	4 Oct 73	[signature]

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SECRET

FIELD ASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE — FOR HEADQUARTERS USE ONLY

NAME (use periods only if DA)	DATE (from Item 5-b)	NAME OF SUPERVISOR (first)	DATE (from Item 5-a)
Jerome Fox	14 Mar 73	George Kalaris	14 Mar 73

DATE RECEIVED AT HEADQUARTERS	DISPATCH NUMBER	DATE RECEIVED BY CAREER SERVICE
14 March 1973	FPMT-15218	

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5
	D	Ops Ofcr, GS-13		

6a. DATE OF PCS ARRIVAL IN FIELD	6b. DESIRED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
(2nd tour) 29 June 71	1 July 1973	1 August 1973	1 September 1973

7. NUMBER AND AGES OF DEPENDENTS (WHO WILL TRAVEL WITH YOU)

Wife; Dau - 13; Son - 12

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

Wife cannot travel by air for medical reasons. Separate travel has been utilized in past assignments with principal and dependents going by air and wife following by ship.

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 340-8)

Referent on MHABYSS matters 1 July 1972 to present.
Referent on MPWATCH matters prior to 1 July 1972.
Recruit and handle unilateral agents.
Backup liaison officer with official services.
Station PERAMPART officer.

10. TRAINING DESIRED:
INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

None

FORM 202 SUPERSEDES PREVIOUS EDITIONS

SECRET

(4)

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

Supervise field unilateral and [redacted] MHABYSS program.

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

☑ EXTEND TOUR 12 MONTHS AT CURRENT STATION TO 1 July 1974 (DATE)

☐ BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION OR OFFICE.
1ST CHOICE FE 2ND CHOICE WH 3RD CHOICE EUR

☐ BE ASSIGNED [illegible] INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE [redacted]

☐ RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

I believe that Subject could make a contribution as a case officer at a station with an active MHABYSS program. He knows the subject well and can get along with LNAGON personnel. His other strength lies in Communist Party operations either as a handler of recruited assets or as an analyst of doctrine. In light of the foregoing, [redacted] might well be an appropriate assignment. Should that not be practical, recommend that Subject be reassigned to HQs. In a component where his strengths can be utilized. If assigned at HQs, he should be given the (CONT'D)

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Mr. Fox will be assigned to EA [redacted] upon completion of his tour and home leave. He has been so advised.

DATE 24 Jul 73 TITLE C/EA/PERSONNEL SIGNATURE William H Boyle
Ernest L. Hardt

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATED: _____

CABLE NO. _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: _____ DATE: _____
(SIGNATURE)

SECRET

FRQ - Jerome Fox - 14 March 1973

Operations Review course and training in writing.

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

FILE PUNCHED BY

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
017934	Fox	JEROME	

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY, FOR YEAR. REFER TO OPI NO. 50, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S MONTH 25-26	ARRIVAL O/S DAY 27-28	ARRIVAL O/S YEAR 29-30	DEPARTURE O/S MONTH 31-32	DEPARTURE O/S DAY 33-34	DEPARTURE O/S YEAR 35-36	TYPE OF DATA	CODE 37	O/P USE ONLY 38	O/P USE ONLY 39	COUNTRY	CODE 40-42
05	22	69				1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	1				575

TDY DATES OF SERVICE

ARRIVAL O/S MONTH 25-26	ARRIVAL O/S DAY 27-28	ARRIVAL O/S YEAR 29-30	DEPARTURE O/S MONTH 31-32	DEPARTURE O/S DAY 33-34	DEPARTURE O/S YEAR 35-36	TYPE OF DATA	CODE 37	O/P USE ONLY 38	O/P USE ONLY 39	AREA(S)	CODE 40-42
						2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION					

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

	TRAVEL VOUCHER		DISPATCH
	CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT
X	OTHER (Specify) PER Division		

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY			
	DCD	X REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
	C & L DIVISION, CTOD.	DATE 6/21/71	SIGNA
X	C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 3-67 1451a OBSOLETE PREVIOUS EDITIONS

SECRET

(4-10)

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

FILE PUNCHED BY

TO: Office of Personnel, Transactions and Records Branch, ~~Status Section~~

SERIAL NO.	NAME (Print) LAST	FIRST	MIDDLE
017974	FOX	JEROME	

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 50, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S MONTH (25-26)	DAY (27-28)	YEAR (29-30)	DEPARTURE O/S MONTH (31-32)	DAY (33-34)	YEAR (35-36)	TYPE OF DATA	CODE (37)	O/P USE ONLY (38-39)	COUNTRY	CODE (40-42)
			05	22	71	1 - PCS (Basic) 3 - CORRECTION 8 - CANCELLATION	1			575

TOY DATES OF SERVICE

ARRIVAL O/S MONTH (25-26)	DAY (27-28)	YEAR (29-30)	DEPARTURE O/S MONTH (31-32)	DAY (33-34)	YEAR (35-36)	TYPE OF DATA	CODE (37)	O/P USE ONLY (38-39)	AREA(S)	CODE (40-42)
						2 - TOY (Basic) 4 - CORRECTION 6 - CANCELLATION				

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

	TRAVEL VOUCHER		DISPATCH
✓	CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER (Specify)		

DOCUMENT IDENTI [redacted] DOCUMENT DATE/PERIOD 4 May 1971

REMARKS

PREPARED BY			
OCO	✓ REPORT ANNOTATED ON CONTROL DOCUMENT	A [redacted]	
C & L DIVISION, CTSO	DATE 5/21/71	SIGNAT [redacted]	
CBT DIVISION			

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 3-67 1451a OBSOLETE PREVIOUS EDITIONS

SECRET

(4-10)

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE — FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (use pseudo only if 3A)	DATE (from Item 5.D)	NAME OF SUPERVISOR (true)	DATE (from Item 5.2)
Jerome Fox	5 Oct 1970	George T. Kalaris	5 Oct 1970

DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:
16 October 1970	FPMT 13290	11 DEC 1970

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
	D	Operations Officer GS-13		

6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
22 May 1969	26 May 1971		27 July 1971

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form) (also attach personal cover questionnaire in accordance with CSI-F 240-8)

A. Recruit and handle unilateral agents.
B. Conduct [redacted] as required.
C. Provide advice and support for Station's [redacted] program.

10. TRAINING DESIRED:
INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS:

None

FORM 1-63 202 OBSOLETE PREVIOUS EDITIONS

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

NA

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

☒ EXTEND TOUR 12 MONTHS AT CURRENT STATION TO 20 May 1973 (DATE)

☐ BE ASSIGNED TO HDQTRS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

☐ BE ASSIGNED TO [redacted] ATION
1ST CHOICE [redacted]

☐ RETURN TO MY CURRENT STATION after home leave.

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

I favor strongly the return of Subject to this Station for a second tour of duty following home leave. He is handling one of the most complex fields of activity at this Station, one which is of a very high priority - the radical left in all its manifestations. Continuity and experience are essentials to any significant progress against this target. Returning Subject for a second tour of duty would give us both at a time when the radical left will be expanding and moving ahead towards its goals.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

The Division approves subject's request for home leave and return [redacted]

DATE 10 Dec 70 TITLE CFE SIGNATURE [redacted]

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. FPMS 5948 DATED: 10 Dec 70

CABLE NO: _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: [redacted] DATE: 14 Dec 70

FIELD COMMENTS - continued

Subject has performed well in his assigned field thus far and I would expect to reap substantial benefits from his performance during his second tour based on the experience and knowledge he will have gained by the end of his first tour.

14 00000

CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) Fox (First) Jerome (Middle) | SOCIAL SECURITY NUMBER

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY: 28 Willow St. Brooklyn, N.Y.

LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad): 5019 Cockney Ct. Annandale, Va.

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE: Annandale, Va.

HOME LEAVE RESIDENCE: New York, N.Y.

IF WIDOWED, PLACE SPOUSE DIED | DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME OF SPOUSE		SEX	DATE OF BIRTH
	"	F	
	"	M	

NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.
Deceased		

NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.
Deceased		

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. None

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., [redacted]) | RELATIONSHIP: Bro-In-Law

HOME ADD[redacted] | HOME TELEPHONE NUMBER: (1[redacted])

BUSINESS [redacted] | BUSINESS TELEPHONE NO. | EXTENSION

IS THE INDI[redacted] (Item 6 below and work for) [redacted] give name and address of organization | YES | NO X

IS THIS IND[redacted] TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) | YES | NO X

[redacted] 335 Central Park West, New York, N.Y.

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in Item 6.) | YES | NO X

The persons named in Item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

FORM 61 USE PREVIOUS EDITIONS. 3-67

CONFIDENTIAL

14 00000

CONFIDENTIAL
(When Filled In)

5. VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED

Jerome Fox Northern Virginia Bank
Check-A-Lot Division
Springfield, Va.

Jerome Fox First National Bank of Arizona
Scottsdale, Ariz. Acct # 636 6462

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? [X] YES [ ] NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? [X] YES [ ] NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? [X] YES [ ] NO. (If "Yes" where is document located?)

Ravenswerth Branch Lot Box No. 171

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? [X] YES [ ] NO. (If "Yes" give name(s) and address)

[redacted] Rockville, Md.

HAVE YOU EXECUTED A POWER OF ATTORNEY? [ ] YES [X] NO. (If "Yes", who possess the power of attorney?)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT	DATE	SIGNATURE
	28 April 1969	Jerome Fox

CONFIDENTIAL

CONFIDENTIAL
(When filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 28 October 1964.

[illegible] — Signature

15 April 1969 — Date

FOX, JEROME

CONFIDENTIAL

Group 1 - Excluded from automatic downgrading and declassification.

SECRET

55A/DDS 67-2031

DD/P 7-4476

16 OCT 1967

MEMORANDUM FOR: Deputy Director for Plans

SUBJECT : Messrs. Jerome Fox and [redacted] - Fourth Security Violation

REFERENCE : HR 10-16

1. This memorandum contains a recommendation for approval in paragraph 4.

2. Two officers of this Division have incurred their fourth security violation. Reference requires that I impose at least two weeks' leave without pay in each case unless your approval is obtained for a lesser penalty. I propose such a lesser penalty and request your concurrence.

3. The officers concerned, Messrs. Jerome Fox and [redacted] are both dedicated Agency employees who have never, to the best of my knowledge, evidenced contempt for our security procedures nor displayed such gross negligence as to require strong remedial action. In neither case were any of the violations such as to indicate a compromise of information was probable; all were either open-safe or "exposed-classified-material" violations such as one-time typewriter ribbons, and none involved loss of documents, indiscreet talk or other more serious matters. Further, the majority of the violations occurred on occasions when the individuals concerned worked past the normal close of business and, while this is no excuse for carelessness, frequent overtime work does increase the possibility of a violation since the usual after-hours duty check is not operative. It seems to me, therefore, that the two weeks' leave without pay required by reference would be an excessively harsh penalty and not conducive to the enhancement of Agency security in general. I, therefore, propose the imposition of two days' leave without pay and a written reprimand for each officer. Copies of the proposed reprimand are attached.

SECRET

GROUP 1
Excluded from automatic downgrading and declassification

4. It is recommended that the subjects be each issued a written reprimand and directed to take two days' leave without pay as the result of incurring their fourth security violation.

signed/Joseph W. Smith

William E. Colby
Chief, Far East Division

Attachment
Proposed reprimands

* The recommendation contained in paragraph 4 is APPROVED:

/S/ Cord Meyer, Jr.
Deputy Director for Plans

16 NOV 1967
Date

* The recommendation contained in para. 4 is approved; except that 3 days LWOP will be charged instead of the 2 days proposed.

SECRET

Supplement to Staff Employee Personnel

Action [redacted] of JEROME FOX

Effective 21 November 1967

The purpose of this memorandum is to call your attention to existing policies which are particularly material to you while you are [redacted] and to set forth certain rights and obligations which are incident to your status as an appointed employee. It is hereby agreed and understood that:

1. As an employee of this organization, at the present grade and salary of [redacted] per annum, [redacted] effective as of 21 November 1967. You will, insofar as consistent with your basic responsibility to this organization, abide by all the rules, regulations, practices and policies of [redacted] in order to [redacted] of that establishment. Your appointment to your [redacted] is being effected at [redacted] and salary of [redacted] You are prohibited, except as specifically authorized herein, from retaining emoluments paid [redacted]

2. It is understood and agreed that the minimum period of your overseas tour of duty is governed by and coincident with the prescribed tour of duty [redacted] Currently, your prescribed tour consists of a period of 2 Years from the date of your arrival at your overseas post of duty. Your assignment may be terminated earlier for the convenience of this organization and the length of your tour of duty, as currently specified, may be unilaterally changed by this organization in order to conform with subsequent changes in the prescribed tour [redacted] If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed the minimum period of service prescribed above from the date of arrival at your overseas post of duty, you will not be entitled to return travel or transportation for yourself or your dependents to the United States at Government expense. If you request termination of your overseas assignment solely for your own convenience, unless it is for circumstances that are considered by this organization to be beyond your control or if you are terminated for cause under the regulations of this organization before you have completed one (1) year of service from the date of your arrival at your overseas post of duty, you will be required to reimburse the Government for all of its expenses for your travel and transportation, and that of your dependents, from the continental United States to such overseas post of duty.

3. Travel to your post of duty overseas and your return travel to the United States, as well as travel performed overseas which is [redacted] will normally be at the direction of your [redacted] Such travel will be accomplished in conformance with applicable regulations [redacted] except when you are directed for operational reasons to perform travel in accordance with the regulations of this organization.

4. Salary and (except as provided in paragraph three (3) above) allowances [redacted] shall be retained by you to the extent that they are less than or equal to [redacted] If such [redacted] are less than the amount due, the difference will be credited to your payroll account with this organization. If such [redacted] exceed the amount due, the overage will be remitted to this organization at designated intervals, presently [redacted]. Computations hereunder will be made on the basis of the aggregate gross due and received provided, however, that in computing remittances for overage Federal and, if applicable, District of Columbia income taxes [redacted] may be deducted. To assure timely accuracy in your payroll account with this organization you are expected to immediately report [redacted] payroll changes.

5. Your status as an employee of this organization will continue in full force and effect during your period of duty [redacted] and you will continue to be entitled to all rights, benefits and emoluments of such status. Certain variations in procedure will be required, however, to preserve [redacted]

a. [redacted] you will continue to be covered by the provisions of the Civil Service Retirement Act, as amended, and at your personal expense you will be subject to payroll deductions for retirement purposes (now six and one-half per cent) on the basis of [redacted] your salary from this organization, whichever is the greater.

b. [redacted] necessary adjustments for Federal, and if applicable, District of Columbia income tax purposes will be made in conformance with instructions received from this organization.

c. Consistent with your [redacted] you will continue to be responsible for compliance with the rules and regulations of this organization.

d. You are not assured upon the completion of your period of duty [redacted] at the request of this organization.

e. All annual and sick leave which is accrued to your credit [redacted] you will be permitted annual leave, sick leave, home leave, and leave without pay in accordance with the regulations of [redacted] in lieu of the leave benefits of this organization. Upon completion of [redacted] your accrued annual and sick leave will be [redacted] with this organization. If security conditions require that [redacted] make a lump-sum payment for accrued annual leave, you will be required [redacted] including any income taxes withheld [redacted]

6. You will be required to keep forever secret this agreement and all other information which you may obtain by reason hereof, unless you are released in writing by this organization from this obligation. Violation of such secrecy may subject you to criminal prosecution under the Espionage Laws, dated 25 June 1948, as amended, and other applicable laws and regulations. The termination of your employment with this organization will not release you from the obligation of any security oath you may be required to take.

UNITED STATES GOVERNMENT

[redacted]

ACCEPTED:

JEROME FOX

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

C S/S/S 80-[illegible]

DO NOT COMPLETE — FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Use pseudo only if SA)	DATE (from Item 5-D)	NAME OF SUPERVISOR (Name)	DATE (from Item 5-J)
Jeromo FOX	7 Feb 66		3 Mar 66

DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RELEASED BY CAREER SERVICE:
11 Mar 66	FVST 11617	

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
	D XX	GS-12 Ops Officer	Saigon	

6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
29 Dec 1964	9 July 1966	15 August 1966	10 September 1966

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

3 - 35,6,5

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

No unaccompanied assignment

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)

[redacted] operations - penetration communist organizations

Unilateral operations - [redacted]

10. TRAINING DESIRED:
INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

CI course

FORM 202 [illegible] REVISED [illegible]

SECRET

(6)

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

Unilateral operations

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

☐ EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE)

☐ BE ASSIGNED TO HQOTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

☒ BE ASSIGNED
1ST CHOICE [redacted] STATION

☐ RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING: This man has completed a tour separated from his family and has performed competently [redacted] in which he has done an outstanding job. Believe he would profit by the CI course and another field tour [redacted] a post where he can be with his family.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

FE Division has no suitable assignment for subject. Request his next assignment be determined by the CS Career Service and that he be advised accordingly.

DATE 03/24/66 TITLE C/FE/Pers SIGNATURE [redacted]

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT: Assigned to Fe/Hqs

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATED: _____

CABLE NO. _____ DATED: _____

[redacted]

CAREER SERVICE REPRESENTATIVE: _____ DATE: _____

SECRET

C O N F I D E N T I A L

MEMORANDUM FOR: FE Career Management Committee

SUBJECT : Recommendation for Promotion of Mr. Jerome Fox from GS-12 to GS-13

1. The Vietnam Station has recommended the promotion of Mr. Jerome Fox from GS-12 to GS-13. He has been in his present grade for almost five years. He is already performing at the level normally expected of a GS-13. Mr. Fox was ranked fifth among all GS-12's currently at Vietnam Station. The Station recommendation as contained in [redacted] is quoted in the following paragraphs.

2. This employee has performed at a highly commendable level during his tour at this Station. During the first year he was assigned to a variety of jobs, all of which he approached with vigor and capability. These included [redacted] responsibilities [redacted] He has also engaged in unilateral agent activities; he has developed, recruited and managed [redacted] unilateral agents, and plans to attempt the recruitment of [redacted] prior to his departure. During the last period of his duty, Subject has concentrated on the development and progress of a sensitive FI/CI activity concerned with a [redacted] He initiated this project, and has since managed it in such a manner that it has evolved into a unilateral project with considerable potential. During the course of his tour, the case officer was also charged with the implementation of an activity designed to bring about the [redacted] While this did not come to fruition, Subject approached this difficult task with a measurable degree of initiative and energy.

3. Subject displays the qualities of a highly capable, well-rounded officer. He has approached his own tasks with a mature and efficient manner, and has always demonstrated an excellent understanding of the role and mission [redacted] the Station in this area. He appears to be highly motivated, and I consider him an officer with a great deal of long-range potential.

(11 Aug 66) Chief, [redacted] Branch

C O N F I D E N T I A L

CONFIDENTIAL

28 MAR 1967

MEMORANDUM FOR: Chief, FE Division DD/P

SUBJECT : Security Violation - Open Safe
FOX, Jerome
(FOURTH VIOLATION)

1. An investigation by this Office has determined that Mr. Fox, assigned to your Division, was responsible for an Open Safe security violation which occurred on 9 March 1967.

2. The records of this Office indicate that Mr. Fox has been previously charged with an Open Safe security violation which occurred on 28 May 1964, an Exposed Classified Material security violation which occurred on 11 January 1966, and an Exposed Classified Material security violation which occurred on 12 May 1966. In view of the fact that there have not been two consecutive years without a violation since 28 May 1964, this is to be considered Mr. Fox's fourth security violation for administrative action as specified in Section (e) of CIA Headquarters Regulation 10-1.

3. It would be appreciated if you would advise this Office by memorandum of the administrative action taken in this case.

S. J. KAUL
for Armal P. Geiss
Deputy Director of Security (PTOS)

Att
Violation Report

cc: Deputy Director for Plans
Director of Personnel

CONFIDENTIAL

CONFIDENTIAL

SECURITY VIOLATION REPORT

DETAILS OF VIOLATION:

On 9 March 1967, at 7:29 p.m., USSP Poag reported finding Safe No. D-1460 improperly secured in Room 5C-35, Headquarters Building. Security Duty [redacted] responded and determined that:

1. both drawers were found closed but unlocked;
2. the safe was opened by merely depressing the hand latch;
3. the safe contained material classified through SECRET;
4. the char force had not been in the area prior to this discovery.

SDO [redacted] changed the combination and secured the safe at 8:30 p.m.

INVESTIGATIVE FACTS:

Mr. Jerome Fox, the custodian of the safe, accepted full responsibility for this occurrence when interviewed in his office on 10 March. Mr. Fox stated that he obviously failed to secure the safe due to the fact that he had no reason to believe anyone else would have opened it subsequent to his departure at 6:00 p.m. (NOTE: The safe was left improperly secured for approximately 90 minutes.) It should be noted that Mr. Fox had signed for the security check of his area.

CONCLUSION:

In view of the above circumstances, Mr. Fox is charged with an Open Safe security violation.

SECURITY HISTORY:

Mr. Fox has been employed by the Agency since June 1955. A review of his record indicates that he has been previously charged with an Open Safe security violation which occurred on 28 May 1964, an Exposed Classified Material security violation which occurred on 11 January 1965, and an Exposed Classified Material security violation which occurred on 12 May 1966.

WILLIAM S. WILKINSON
Chief, Survey Branch

[redacted]
Investigator

CONFIDENTIAL

REPUBLIC OF VIETNAM

MERIT COMMENDATION

FOR Mr. JEROME FOX, American counterpart to the Police Special Branch of the Directorate General of National Police, who is awarded the Third Class Honorary Police Medal by Decree No. 1744-ND/HP/VP of 24 September 1966.

Mr. JEROME FOX is an outstanding counterpart and a sincere friend of the National Police Branch.

During his period os service in Vietnam, Mr. JEROME FOX devoted all his ability, experience, and good will to helping the Police Special Branch, especially in the task of setting up a people's intelligence net.

The dedication and enthusiasm of Mr. JEROME FOX helped the National Police Branch to achieve excellent results in safeguarding security and maintaining law and order in Saigon, the Capital.

Mr. JEROME FOX's spirit of mutual aid merits praise and remembrance.

Saigon, 24 September 1966

Chairman of the Central Executive Committee

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY

Việt Nam Cộng Hòa

BẰNG TUYÊN DƯƠNG CÔNG TRẠNG

vì Ông Jerome Fox, Phối-trí-viên Hoa-Kỳ cảnh Khối Cảnh-Sát Đặc-Biệt Tổng Nha Cảnh-Sát Quốc-Gia được ân thưởng Bội tinh đẳng Cảnh-sát danh-dự Bội-tinh do do Nghị-định số 1744-ND/HP/VP ngày 24 tháng 9 năm 1966.

Ông Jerome Fox là một Phối-trí-viên tu-tú và là Người bạn chân-thành của ngành Cảnh-Sát Quốc-gia.

Trong thời gian phục-vụ tại Việt-Nam, Ông Jerome Fox đã đem hết khả năng, kinh-nghiệm và thiện-chí giúp đỡ Khối Cảnh-sát Đặc-biệt, nhất là trong công tác đặt lưới tình báo nhân dân.

Sự tận tâm và lòng nhiệt thành của Ông Jerome Fox đã giúp cho ngành Cảnh-sát Quốc-gia thâu đạt được nhiều kết-quả tốt đẹp trong công cuộc bảo vệ an-ninh và duy-trì trật-tự tại Đô-thành Saigon.

Tinh-thần tương-trợ của Ông Jerome Fox đáng được khen ngợi và ghi nhớ.

Saigon, ngày 24 tháng 9 năm 1966
CHỦ-TỊCH ỦY-BAN HÀNH-PHÁP TRUNG-ƯƠNG,

CHỦ-TỊCH

Đại-tá, NGUYỄN CAO KỲ

REPUBLIC OF VIETNAM
OFFICE OF THE CHAIRMAN
NATIONAL LEADERSHIP COMMITTEE

CHAIRMAN OF THE CENTRAL EXECUTIVE COMMITTEE

Reference the order of 19 June 1965 which was supplemented by Decree No. 6-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of the Republic of Vietnam;

Reference Decree No. 3-QLVNCH/QD of 14 June 1965 which was supplemented by Decree No. 7-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of the Republic of Vietnam which established and fixed the composition of the National Leadership Council;

Reference Decree No.001-a/CT/LDQG/SL of 19June 1965 and all succeeding documents which established and set the composition of the Central Executive Committee;

Reference Decree No. 080-CT/LDQG/SL of 6 September 1965 which created two types of medals, the Police Service Medal and the Honorary Police Medal;

Reference Decree No. 001-CT/LDQG/NG of 21 January 1966 which fixed the methods of awarding the medals mentioned above,

DECREE

Article One. Now the Third Class Honorary Police Medal is awarded to Mr. JERRY FOX, American Counterpart to the Police Special Branch of the Directorate General of National Police.

Article Two. The Commissioner General for Security and the Administrative Assistant in the Office of the Chairman of the Central Executive Committee will assume the responsibility for implementing the Decree.

Saigon, 24 September 1966

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY

VIỆT-NAM CỘNG-HÒA

Phủ Chủ-Tịch
Ủy-Ban Hành-Pháp Trung-Ương

Số 1744-NĐ/HP/VP.

Chủ Tịch
Ủy-Ban Hành-Pháp Trung-Ương

Chiếu Hiến-Pháp ngày 19 tháng Sáu năm 1965 bổ-túc bởi quyết-định số 6-LV.CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại Hội-Đồng Quốc-Lực Việt-Nam Cộng-Hòa ;

Chiếu Quyết-định số 3-LV.CH/QĐ ngày 14 tháng Sáu năm 1965 bổ-túc bởi quyết-định số 7-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại Hội-đồng Quốc-Lực Việt-Nam Cộng-Hòa thành-lập và ấn-định thành-phần Ủy-Ban Lãnh-Đạo Quốc-Gia ;

Chiếu Sắc-lệnh số 001-a/CT/LĐQG/SL ngày 19 tháng Sáu năm 1965 và các văn-kiện kế-tiếp thành-lập và ấn-định thành-phần Ủy-Ban Hành-Pháp Trung-Ương ;

Chiếu Sắc-lệnh số 000-CT/LĐQG/SL ngày 6 tháng Chín năm 1965 thiết-lập hai loại huy-chương "Cảnh-Sát Chiến-Công Hội-Tinh" và "Cảnh-Sát Danh-Dự Đội-Tinh" ;

Chiếu Nghị-định số 001-CT/LĐQG/ND ngày 21 tháng Giêng năm 1966 ấn-định thể-thức cấp tặng các huy-chương kể trên,

NGHỊ - ĐỊNH :

Điều thứ nhất.- Nay ấn-tặng Độ-tam đẳng Cảnh-Sát Danh-Dự Đội-Tinh cho Ông JEROME FOX, Phó-trí-viên Hoa-Kỳ cạnh Khối Cảnh-Sát Đặc-biệt Tổng Nha Cảnh-Sát Quốc-Gia.

Điều thứ 2.- Tổng-Ủy-Viên An-Ninh và Phụ-Tá Hành-Chánh tại Phủ Chủ-Tịch Ủy-Ban Hành-Pháp Trung-Ương, chiếu nhiệm-vụ, lãnh thi-hành Nghị-định này.

Saigon, ngày 24 tháng 9 năm 1966

CHỦ-TỊCH

14 00000

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE (LAST / FIRST / MIDDLE)	OFFICE/COMPONENT
1-6	(Print) 7-26	28-30
617974	FOX, JEROME	45

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (ONE ONLY). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL MONTH	ARRIVAL DAY	ARRIVAL YEAR	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	COUNTRY	OMIT
1 - PCS (Basic) 4 - CORRECTION 6 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
	1				07	11	66	VIET NAM	720

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	RETURN MONTH	RETURN DAY	RETURN YEAR	AREA(S)	OMIT
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42

SOURCE OF RECORD DOCUMENT

	TRAVEL VOUCHER	XX	DISPATCH
	CABLE		DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER (Specify)		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	7-14-66

REMARKS

PREPARED BY		REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
	OSA		
	C & L DIVISION	DATE 7-21-66	SIGNATURE
	C & T DIVISION		

FORM 1451a 4-66 USE PREVIOUS EDITION.

SECRET

(4-10)

14 00000

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE (LAST, FIRST, MIDDLE)	OFFICE/COMPONENT
1-8	(Print) 9-24	39-28
17974	Fox, Jerome	45

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL MONTH	ARRIVAL DAY	ARRIVAL YEAR	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	COUNTRY	OMIT
1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
	1	12	29	64				VIET NAM	772

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	RETURN MONTH	RETURN DAY	RETURN YEAR	AREA(S)	OMIT
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42

SOURCE OF RECORD DOCUMENT

- [ ] TRAVEL VOUCHER
- [x] DISPATCH
- [ ] CABLE
- [ ] DUTY STATUS OR TIME AND ATTENDANCE REPORT
- [ ] OTHER (Specify)

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
[redacted]	31 Dec 64

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & I DIVISION	DATE	SIGNATURE [redacted]
C & T DIVISION	13 Jan 65	

FORM 10-64 1451a USE PREVIOUS EDITION.

SECRET

GROUP 1
Excluded from automatic downgrading and declassification

(4-101)

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 192 Curtis Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE (LAST / FIRST / MIDDLE)	OFFICE/COMPONENT
1-6	(Print) 7-24	25-26
17974	Fox Jerome	45

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL MONTH	ARRIVAL DAY	ARRIVAL YEAR	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	COUNTRY	OMIT
1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-43
	1				09	23	62	JAPAN	375

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	RETURN MONTH	RETURN DAY	RETURN YEAR	AREA(S)	OMIT
2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-

SOURCE OF RECORD DOCUMENT

	TRAVEL VOUCHER		DISPATCH
	CABLE	X	DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER (Specify)		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
Form - 764	2 Sept - 23 Sept 62

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION X FINANCE DIVISION	DATE 16 OCT 1962	SIGNATURE

FORM 1451a 9-58 OBSOLETE PREVIOUS EDITIONS.

SECRET

(4-10)

14 00000

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE — ~~FOR~~ HEADQUARTERS USE ONLY

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME OF EMPLOYEE (Item 1)	DATE (from Item 2-1)	NAME OF SUPERVISOR (Item)	DATE (from Item 2-2)
FOX, JEROME	Jan 1962		Jan 1962

NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW: [redacted] DATE 12 Feb 1962

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH: [redacted]
2. GRADE: GS-12
3. CURRENT POSITION TITLE: [redacted]
4. SERVICE DESIGNATION (If Known): NA
5. CURRENT STATION OR FIELD BASE: Tokyo Station
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR: NA
7. EXPECTED DATE OF DEPARTURE: September 1962
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

a) Supervise, coordinate and monitor with KUDOVE, ODYOKE and allied military services, the [redacted] in North Asia specifically covering [redacted] b) Determine new CHUCKWAGON targets and initiate specific collection projects with appropriate KUDOVE, ODYOKE and allied military units. c) Prepare and provide detailed training and guidance for KUDOVE assets, ODYOKE and allied military personnel, on CHUCKWAGON collection techniques and CHUCKWAGON targets. d) Personally participate in the exploitation of CHUCKWAGON targets when appropriate. e) Conduct official liaison relationships with ODYOKE [redacted] pertaining KUCHAP interests, as directed by the Chief, [redacted]

9. PREFERENCE FOR NEXT ASSIGNMENT: [redacted]

A. WRITE A BRIEF DESCRIPTION OF [illegible] YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

SAME

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

Language Training

FORM NO. 202
1 SEP 54

SECRET

141

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

[1] RETURN TO MY CURRENT STATION

[3] BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF 24 MO

[2] BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE: [redacted]

2ND CHOICE:

3RD CHOICE:

MAIL ROOM

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

30 days

INDICATE NUMBER OF WORK DAYS

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

Three: 32, 30 months, 18 months

12. SIGNATURE: COMPLETE ITEM NO. S-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

In view of this officer's field experience and his competent performance as [redacted] in the Japan area, his continued assignment to a field station would seem to be in the best interests of KUBARK.

14. SIGNATURE: COMPLETE ITEM NO. S-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

FE Division concurs.

"The staffing plans of St/FM call for the assignment of Mr. Fox to analytical duties on his return to Headquarters in the fall of 1962."

16. NAME OF SUPERVISOR

[redacted]

TITLE:

Personnel Officer, CRR

S [redacted]

D

20 March 1962

17. REMARKS (additional comment)

Mr. Fox was notified of his planned reassignment in Memorandum No. 363, dated 14 March 1962.

21 MAR [redacted]

Acting Secretary, CRR Career Service Board

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE (LAST / FIRST / MIDDLE)	OFFICE/COMPONENT
1-6	(Print) 7-24	25-26
17974	FOX JEROME	18

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL MONTH	ARRIVAL DAY	ARRIVAL YEAR	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	COUNTRY	OMIT
1 - PCS (*Basic*) 3 - CORRECTION 5 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
	1	09	04	59				JAPAN	375

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE MONTH	DEPARTURE DAY	DEPARTURE YEAR	RETURN MONTH	RETURN DAY	RETURN YEAR	AREA(S)	OMIT
2 - TDY (*Basic*) 4 - CORRECTION 6 - CANCELLATION	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42

SOURCE OF RECORD DOCUMENT

	TRAVEL VOUCHER		DISPATCH
	CABLE	X	DUTY STATUS OR TIME AND ATTENDANCE REPORT
	OTHER (*Specify*)		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	10 AUG. - 5 SEP. 59

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE
FISCAL DIVISION		
X FINANCE DIVISION FILE	DATE 21 APR. 60	SIGNATURE

FORM 1451a 9-58 SUPERSEDES PREVIOUS EDITIONS.

SECRET

(4-10)

Office of Training
TRAINING RECORD

Instructor Training Course No. 10
40 hours, 30 Oct. - 3 Nov. 1961

6 students

Student: Fox, Jerome

Year of Birth: [redacted]

EOD Date: June 1955

Grade: 11

Office: Ord/[redacted]

COURSE OBJECTIVES, CONTENT, AND METHODS

The Objectives of this course are:

1. To develop an acquaintance with the learning processes.

2. To apply the principles of learning and instruction in practical teaching experiences.

This course included planning and practical teaching work in: principles of learning and teaching; effective oral communication; demonstration techniques; training aids; elements of effective class discussions; principles of lesson planning; all based upon the implementation of the principles of learning. Due to the shortness of the course, familiarization only was attempted with the above aspects of teaching.

During this course, each student presented to the class a sample speech, demonstration, a class discussion, and lesson plan, all related to his own subject matter area. These presentations were critiqued and rated by his classmates and the instructors. Over half of the students' course time was spent in practical exercises.

ACHIEVEMENT RECORD

This student has satisfactorily accomplished the course objectives and met the course standards in presenting his exercises. Mr. Fox has a pleasant manner of speaking, and with each presentation to the class his effectiveness increased. He was able to use visual aids effectively to good advantage, and he made worthwhile suggestions for improving the presentations of others. He evidenced a sound grasp of the principles of lesson plan format.

Despite his noticeable progress during the course, Mr. Fox needs to show more interest in his students and regularly maintain good eye contact with his entire class. By giving continual attention and practice to vocal variety, overt manifestations of enthusiasm, and the establishment of closer rapport with the students, Mr. Fox should be able to increase considerably his competence as an instructor.

FOR THE DIRECTOR OF TRAINING: [redacted] 9 NOV 1961

[redacted]

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE — FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME OF EMPLOYEE (Type)	DATE (from Item 6-1)	NAME OF SUPERVISOR (Type)	DATE (from Item 6-2)
Jerome Fox	21 March 1961		21 March 1961

NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW: DATE

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH
2. GRADE: GS-11
3. CURRENT POSITION TITLE: Identification Specialist
4. SERVICE DESIGNATION (If known): NA
5. CURRENT STATION OR FIELD BASE: Tokyo Station
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR: NA
7. EXPECTED DATE OF DEPARTURE: October 1961
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

a) Supervise, coordinate and monitor with KUDOVE, OKYOKE and allied military services, the in North Asia specifically covering b) Determine new CHUCKWAGON targets and initiate specific collection projects with appropriate KUDOVE, ODYOKE and allied military units. c) Prepare and provide detailed training and guidance for KUDOVE assets, ODYOKE and allied military personnel, on CHUCKWAGON collection techniques and CHUCKWAGON targets. d) Personally participate in the exploitation of CHUCKWAGON targets when appropriate. e) Conduct official liaison relationships with ODYOKE pertaining to KUCHAI interests, as directed by the Chief, SIS, Tokyo.

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

SAME

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

Language Training

FORM NO. 202
1 SEP 56

SECRET

141

9. PREFERENCE FOR NEXT ASSIGNMENT (continued).

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (1=Preferred, 2nd choice, 3rd choice) IN THE BOXES BELOW:

[1] RETURN TO MY CURRENT STATION

[3] BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY

[2] BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE: [redacted]

2ND CHOICE: ~~MAN-ROON~~

3RD CHOICE:

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

30 Days

INDICATE NUMBER OF WORK DAYS

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

Three, 31, 23 months, 8 months

12. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

[redacted]

COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

14. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

FE Division recommends subject be reassigned by the IR Career Board.

Headquarters recommends extension of tour for another year.

[redacted]

Personnel Officer, ORR

16. NAME OF SUPERVISOR: [redacted]

SIGNATURE:

TITLE: Chief, FE/JAG Personnel

DATE:

17. REMARKS (additional comments)

SECRET

18 April 1961

MEMORANDUM FOR THE RECORD

SUBJECT: Outstanding Advance Balance, [redacted]

1. This memorandum is to be made a part of subject's personnel file, by direction of Acting Chief, Tokyo Station.

2. As stated in Paragraph 4 of the Tokyo Station Audit Report for the period 1 September 1960 through 28 February 1961, subject has an outstanding balance of $167.62 in his travel advance account. The advance has been open since 8 December 1960, despite repeated efforts on the part of Finance to close the account.

3. The balance referred to above is computed as follows:

8 December 1960 - Travel advance	$500.00
22 March 1961 - Accounting for travel for period 10-18 December 1960	332.38
Balance Outstanding	$167.62

4. Finance Memorandum 61-19 dated 17 April 1961 again requested that the balance be refunded and the account closed. An addendum to this memorandum, signed by Acting Deputy for Operations, informed [redacted] that he was to refund the balance no later than COB 17 April 1961.

5. [redacted]'s written reply to the memo stated that he would refund the balance no later than 28 April 1961, upon receipt of a bank deposit slip from PBPRIME.

6. After further discussion between [redacted] and the undersigned, TOKY [redacted] were sent to Headquarters requesting an immediate transfer of $167.62 from subject's Credit Union account to Finance Division for T/A to Tokyo Station.

7. Subject has been informed that no further advances of official funds will be made to him, except for housing expenses and the exact cost of tickets necessary for official travel.

[redacted]
Finance Officer

Distribution
1 - PERS
2 - FIN
1 - A/DOPS

SECRET

TSS/PB/TRAINING DIVISION EVALUATION — DARKROOM 9

BASIC PHOTOGRAPHY No. 1

NAME Jerome Pl2 DIV/CRI BR. IA DATES TRAINED: from 29 June to 17 July '70

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

	None	Unsat	Fair	Good	Excellent	Superior
I. Manipulation of camera.						
a. Leica				X		
b. Retina II C	X					
c. Recordak				X		
II. Processing and printing.						
a. Film loading				X		
b. Film processing				X		
c. Enlarging				X		
d. Reflex and contact printing					X	
III. Use of accessory equipment.						
a. Exposure meter				X		
b. Filters	X					
c. Telephoto and wide angle lenses				X		
IV. Document copy and small objects.						
a. Available light	X					
b. Accessory illumination				X		
c. BOOWU, porta lens, focus slide				X		
V. Ground photography.						
a. Coverage						
b. Report	X					
VI. Casing.						
a. Coverage						
b. Report						
VII. Surveillance.						
a. Coverage						
b. Report						
VIII. Special problems.						
a. Coverage						
b. Report						
General quality of prints				X		
Choice of subject matter				X		
Quality of darkroom work (Cleanliness, etc.)				X		
Attitude toward subject matter				X		
Cooperation					X	

REMARKS:

Mr. Pa met the course objectives and completed all of the course assignments for the two weeks he attended with average results.

Demonstrating some difficulty at the outset, Mr. Pa soon overcame many of his problems in the two week time. He demonstrated an capacity to learn, by asking to be checked out in not only course equipment, but other equipment as well. He also offered to complete additional assignments on his own time.

It is suggested he continue his practice and association with photography in order to maintain and improve present proficiency.

APPROVED _____
C/TSS/TD

_____
Instructor

SECRET
(When Filled In)

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

THIS DATE

INSTRUCTIONS

This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.

SECTION I — GENERAL

1. FULL NAME (Last-First-Middle)
Fox, Jerome

2. CURRENT ADDRESS (No., Street, City, Zone, State)

3. PERMANENT ADDRESS (No., Street, City, Zone, State)

4. HOME TELEPHONE NUMBER

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE

SECTION II — PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.

2. RELATIONSHIP
Aunt

3. HOME ADDRESS (No., Street, City, Zone, State, Country)

4. BU[redacted]

5. HO[redacted]
HO 9 3173

6. BUSINESS TELEPHONE NUMBER

7. BUSINESS TELEPHONE EXTENSION

8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

SECTION III — MARITAL STATUS

1. CHECK (X) ONE: SINGLE [ ] MARRIED [X] WIDOWED [ ] SEPARATED [ ] DIVORCED [ ] ANNULLED [ ]

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.

3. NAME (First) (Middle) (Maiden) (Last)

4. DATE OF MARRIAGE
2 Sept. 1951

5. PLACE OF MARRIAGE (City, State, Country)
New York, N.Y.

6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, Zone, State)

7. LIVING: YES [X] NO [ ]

8. DATE OF DEATH

9. CAUSE OF DEATH

10. CURRENT ADDRESS (Give last address, if deceased)

11. DATE OF BIRTH
11 June 1930

12. PLACE OF BIRTH (City, State, Country)
Jackson, Tenn.

13. IF BORN OUTSIDE U.S., DATE OF ENTRY

14. PLACE OF ENTRY

15. CITIZENSHIP (Country)

16. DATE ACQUIRED

17. WHERE ACQUIRED (City, State, Country)

18. OCCUPATION
Housewife

19. PRESENT EMPLOYER (Also give former employer, if if spouse is deceased or unemployed, last two employers)

20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)

SECTION III CONTINUED TO PAGE 2

SECTION V CONTINUED FROM PAGE 2

6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
National Bank of Washington	Wash. D.C.
Old Dominion	Arlington, Va.

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? [ ] YES [X] NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI — CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE: [ ] BIRTH [ ] MARRIAGE [ ] OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? [ ] YES [ ] NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

SECTION VII — EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

[ ]	LESS THAN HIGH SCHOOL GRADUATE	[ ]	OVER TWO YEARS OF COLLEGE - NO DEGREE
[ ]	HIGH SCHOOL GRADUATE	[ ]	BACHELOR'S DEGREE
[ ]	TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	[ ]	GRADUATE STUDY LEADING TO HIGHER DEGREE
[ ]	TWO YEARS COLLEGE OR LESS	[ ]	MASTER'S DEGREE [ ] DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	CREDITS HAS COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized subjects such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

Standard Form No. 54
September 1951
U. S. Civil Service Commission
F. P. M. Chapter 21

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT OF 1954

IMPORTANT
Read instructions on back of duplicate before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
FOX	JEROME		

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (*If retired, so state and give "CSA" or "CSI" number*):

(Department or agency) (Bureau) (Division)

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

August 30, 1956
(Date of execution—month, day, year)

Jerome Fox
(Signature of insured)

WITNESSES TO SIGNATURE (*A witness is ineligible to receive payment as a beneficiary*):

(Signature of witness) (Number and street) Washington 16 D.C. (City, town, number, and State)

(Signature of witness) (Number and street) (City, town, number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

Jerome Fox

THIS SPACE RESERVED FOR RECEIVING AGENCY

RECEIVED
1956 SEP 30 AM 11:27
PAY ROLL

(Indicate date and time received)

If insured as an employee, send both copies to the proper officer of the agency. Duplicate will be noted and returned.
If insured as an annuitant, send both copies to the Civil Service Commission, Washington 25, D. C. Duplicate will be noted and returned.

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street, Red Bank, N. J.	Aunt	One-fourth**
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate A Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Parrish	810 West 180th Street, New York, N. Y.	Sister	All

How To Cancel a Designation of Beneficiary so That Amount Due Will Be Payable as Provided by the Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown.
**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

10-[illegible]

CONFIDENTIAL

TO : Chief, Fiscal Division 1405 Alcott Hall

FROM : Chief, Records and Services Division

SUBJECT: SF-2808

Attached is SF-2808 (Designation of Beneficiary) for:

Fox, Jerome

Date 24 JUN 1955

Please sign second copy and return to:

Chief, Transactions and Records Branch
Room 187
Curie Hall

Joseph S. Reff
JOSEPH S. REFF

CONFIDENTIAL

STANDARD FORM 61 (REVISED AUGUST 1953)
PROMULGATED BY THE CIVIL SERVICE COMMISSION
FEDERAL PERSONNEL MANUAL

APPOINTMENT AFFIDAVITS

IMPORTANT.— *Before swearing to these appointment affidavits, you should read and understand the attached information for appointee*

CENTRAL INTELLIGENCE AGENCY (Department or agency) ..... (Bureau or division) WASHINGTON, D.C. (Place of employment)

I, Jerome Fox, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

15 June 1955 (Date of entrance on duty) ..... Jerome Fox (Signature of appointee)

Subscribed and sworn before me this 15th day of June, A. D. 1955,

at Washington, (City) D.C. (State)

[SEAL] ..... (Title)

NOTE.— *If the oath is taken before a Notary Public the date of expiration of his commission should be shown.*

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State) WASH., D. C.

2. (A) DATE OF BIRTH: (B) PLACE OF BIRTH (city or town and State or country) BROOKLYN, N.Y.

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY: (B) RELATIONSHIP: Brother (C) STREET AND NUMBER, CITY AND STATE: (D) TELEPHONE NO.: EL-5-7829

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (OTHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 12 MONTHS? ☐ YES ☒ NO

If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIED (Check one)	SINGLE
		1. 2. 3.			
		1. 2. 3.			
		1. 2. 3.			

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X	
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes", give details in Item 10.*		X
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? *If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional, disability, or for reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.*		X
8. SINCE YOU FILED APPLICATION REGARDING THIS APPOINTMENT HAVE YOU BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? *If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.*		X
9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS) FOR WHICH YOU WERE FINED $25 OR LESS OR FORFEITED COLLATERAL OF $25 OR LESS SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? *If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date, (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.*		X

10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS

ITEM NO.	WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that the appointee is qualified to take the oath, satisfy the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.

This form should be checked for breaking of office, position, suitability to position with any record of recent discharge of armed, civil particularly for the following:

(1) *Identity of appointee*—It is the duty of the appointing officer to be satisfied, against impersonation, and to determine beyond reasonable doubt that the appointee is the same person whose appointment has been approved. The appointee's signature and handwriting are to be compared with the signature on prior government papers. If the signature agrees with the signature on the application, the signature on the declaration form. If a person is the declaration sheet, which has been filed in the appointee's file. The appointee's signature may be checked against the original application. The appointee may also be questioned as to his personal identity for agreement with his previous statements.

(2) *Age*—If definite age limits have been established for the position, it should be determined that the applicant is not outside the age range for appointment. Unless such determination is made, the appointment may not be consummated.

(3) *Citizenship*—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until evidence has been secured from the certificating office of the Civil Service Commission.

(4) *Members of Family*—Section 4 of the Civil Service Act prohibits the appointment of relatives of some members of a family serving under appointment of personal appointment in the competitive service or other positions of such kinds in the life for personal reasons, appointment of members of the same family, the appointee's or persons entitled to retired pay, the appointee's or persons entitled to retired pay, the appointee's or persons entitled to retirement pay. Doubtful cases may be referred to the appointing officer of the Civil Service Commission for decision.

Standard Form No. 56
September 1954
U. S. Civil Service Commission
F. P. M. Chapter 21

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT OF 1954

IMPORTANT
Read instructions on back of duplicate before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (Month, day, year)
FOX	JEROME		

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

CIA
(Department or agency) (Bureau) (Division)

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
		Brother	ALL

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

JUNE 15, 1955
(Date of execution—month, day, year)

Jerome Fox
(Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

(City, zone number, and State)

Wash. 20, D.C.
(City, zone number, and State)

PRINT OR TYPE NAME AND ADDRESS OF INSURED

JEROME FOX

THIS SPACE RESERVED FOR RECEIVING AGENCY

Rec'd Off of Personnel
6/15/55

(Indicate date and by whom received)

IF INSURED AS AN EMPLOYEE, DELIVER BOTH COPIES TO THE PROPER OFFICIAL OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED.
IF INSURED AS AN ANNUITANT, SEND BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON 25, D. C.—DUPLICATE WILL BE NOTED AND RETURNED.

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown*	214 Central Avenue, Muncie, Ind.	Niece	All

How To Designate More Than One Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary**
Alice M. Long	809 Canal Street, Red Bank, N. J.	Aunt	One-fourth
Joseph P. Brady	360 Williams Street, Red Bank, N. J.	Nephew	One-fourth
Catherine L. Rowe	792 Broadway, Whiting, Ind.	Mother	One-half

How To Designate A Contingent Beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Farrish, if living	810 West 180th Street, New York, N. Y.	Father	All
Otherwise to: Susan A. Farrish	810 West 180th Street, New York, N. Y.	Sister	All

How To Cancel A Designation of Beneficiary So That Amount Due Will Be Payable as Provided in the Law

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as M. E. Brown or as Mrs. John H. Brown.
**Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

STANDARD FORM 144
JANUARY 1957
U. S. CIVIL SERVICE COMMISSION
FPM CHAPTERS 22 AND 99

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for *leave purposes* and retention credits for *reduction in force*. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I.—EMPLOYEE'S STATEMENT

1. NAME (*Last, first, middle initial*): Fox, Jerome

2. DATE OF BIRTH: [redacted]

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (*Do not include military service.*)

NAME AND LOCATION OF AGENCY	FROM— YEAR	MONTH	DAY	TO— YEAR	MONTH	DAY	TYPE OF APPOINTMENT, IF KNOWN
CIA	55	6	15				

4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."

BRANCH	FROM— YEAR	MONTH	DAY	TO— YEAR	MONTH	DAY	DISCHARGE (*Hon. or dishon.?*)
U.S. ARMY	1952	NOV	17	1954	NOV	16	HON.

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☒ NO
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.

TYPE, IF KNOWN (*LWOP, Pict. Susp., AWOL, Mer. Mar.*)	FROM— YEAR	MONTH	DAY	TO— YEAR	MONTH	DAY	TOTAL YEARS	MONTHS	DAYS

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?
☐ YES ☒ NO
(*If answer is "Yes," in what agency were you employed at the time status was acquired?*)

7. ARE YOU:
A. THE WIFE OF A DISABLED VETERAN? ☐ YES ☐ NO
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☐ NO
C. THE UNREMARRIED WIDOW OF A VETERAN? ☐ YES ☐ NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.
I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

15 June 1955
(DATE)

Jerome Fox
(SIGNATURE)

Subscribed and sworn to before me on this 15th day of June (MONTH) 1955 at Washington, D.C. (CITY) (STATE)

SEAL

[redacted]

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE

9. RETENTION GROUP

10. CSC STATUS (*For permanent employees only*)
☐ YES ☐ NO

11. SERVICE

YEAR	MONTH	DAY
2	00	00
1	1	29

12. TOTAL SERVICE
1 1 29

13. NONCREDITABLE SERVICE (*Leave purposes only*):

14. NONCREDITABLE SERVICE (*RIF purposes only*):

15. REEMPLOYMENT RIGHTS
☐ YES ☐ NO

16. RETENTION RIGHTS
☐ YES ☐ NO

17. EXPIRATION DATE OF RETENTION RIGHTS

(OVER)

PART III.—DETERMINING CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

	YEARS	MONTHS	DAYS
TOTAL SERVICE (*Item 12*)			
NONCREDITABLE SERVICE (*Item 13*)			
CREDITABLE SERVICE (*Leave purposes*)			
ENTRANCE ON DUTY DATE (*Present agency*)	55	8	75
LESS CREDITABLE SERVICE (*Leave purposes*)	1	1	29
SERVICE COMPUTATION DATE (*Leave purposes*)	54	4	16

Notified 1/11/57

PART IV.—DETERMINING CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES

(To be completed only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes)

	YEARS	MONTHS	DAYS
TOTAL SERVICE (*Item 12*)			
NONCREDITABLE SERVICE (*Item 14*)			
CREDITABLE SERVICE (*RIF purposes*)			
ENTRANCE ON DUTY DATE (*Present agency*)			
LESS CREDITABLE SERVICE (*RIF purposes*)			
SERVICE COMPUTATION DATE (*RIF purposes*) (*Enter as the "service computation date" on the employee's "Service Record Card," SF-7*)			

REMARKS:

U. S. GOVERNMENT PRINTING OFFICE

SECRET

1. NAME (Last, First, Middle) FOX, JEROME (NMI)	2. DATE OF BIRTH [redacted]	3. GRADE GS-13
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/VE/[redacted]	5. PRESENT POSITION Ops Officer - [redacted]	6. EMPLOYEE EXTENS. 6109
7. PROPOSED STATION [redacted]	8. PROPOSED POSITION (Title, Number, Grade) OPS Officer-4947-GS-13	
[redacted]	10. ESTIMATED DATE OF DEPARTURE 10 May 1969	11. NO. OF DEPENDENTS TO ACCOMPANY 3

12. COMMENTS

Request evaluation of current medical for proposed PCS assignment

13. DATE OF REQUEST 24 Jan 1969	14 [redacted]	15. ROOM NUMBER AND BUILDING 5 U 22	16. EXTENSION 6109

17. OFFICE OF MEDICAL SERVICES DISPOSITION

18. OFFICE OF SECURITY DISPOSITION

OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION

27 MAR 196[illegible]

[illegible]

Chairman, Overseas [illegible]

REQUEST FOR PCS OVERSEAS EVALUATION

259a USE PREVIOUS EDITIONS

SECRET

[illegible]

(4)

SECRET

1. NAME (Last, First, Middle) Fox, Jerome (NMI)	2. DATE OF BIRTH [redacted]	3. GRADE GS-12
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/TE [redacted]	5. PRESENT POSITION Ops Officer	6. EMPLOYEE EXTENSION [illegible]
7. PROPOSED STATION [redacted]	8. PROPOSED POSITION (Title, Number, Grade) Ops Officer/[illegible]/GS-13	
9. [redacted]	10. ESTIMATED DATE OF DEPARTURE 1 June 1968	11. NO. OF DEPENDENTS TO ACCOMPANY 3

12. COMMENTS

Request that Subject's [redacted] physical be re-evaluated for the above PCS assignment.

13. DATE OF REQUEST 28 December 1967	14. SIGNATURE OF REQUESTING OFFICIAL [redacted]	15. ROOM NUMBER AND BUILDING 5 E 22	16. EXTENSION 6109

17. OFFICE OF MEDICAL SERVICES DISPOSITION

18. OFFICE OF SECURITY DISPOSITION

19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION

REQUEST FOR PCS OVERSEAS EVALUATION

FORM 1-66 209a USE PREVIOUS EDITIONS

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

141

14 00000

fol

PERSONAL HISTORY STATEMENT

Instructions: 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes (Yes or No)

SEC. 1. PERSONAL BACKGROUND

Telephone: Office EX 3-6115 Ext. 8533 Home [redacted]

A. FULL NAME (Use No Initials) Miss / Mr. / Mrs. JEROME (First) (Middle) FOX (Last)

PRESENT ADDRESS [redacted] (St. and Number) (City) (State) (Country)

PERMANENT ADDRESS N.A. (St. and Number) (City) (State) (Country)

B. NICKNAME [redacted] WHAT OTHER NAMES HAVE YOU USED? N.A.

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?

HOW LONG? IF A LEGAL CHANGE, GIVE PARTICULARS

(Where?) (By what authority)

C. DATE OF BIRTH OCT 9, 1918 PLACE OF BIRTH BRONX (City) N.Y. (State) KINGS (Country)

D. PRESENT CITIZENSHIP U.S.A. (Country) BY BIRTH? YES BY MARRIAGE? NA

BY NATURALIZATION CERTIFICATE NO. NA ISSUED (Date) BY (Court)

AT (City) (State) (Country)

HAVE YOU HAD A PREVIOUS NATIONALITY? NO (Yes or No) (Country)

HELD BETWEEN WHAT DATES? TO ANY OTHER NATIONALITY? (Country)

GIVE PARTICULARS

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? NO GIVE PARTICULARS:

[redacted]

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? N.A.

PORT OF ENTRY? ..... ON PASSPORT OF WHAT COUNTRY? .....

LAST U. S. VISA ..... (Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE ..... SEX ..... HEIGHT ..... WEIGHT .....

EYES ..... HAIR ..... COMPLEXION ..... SCARS .....

BUILD ..... OTHER DISTINGUISHING FEATURES .....

SEC. 3. MARITAL STATUS

A. SINGLE ..... MARRIED ✓ DIVORCED ..... WIDOWED .....

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS .....

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE ..... (First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE NEW YORK, N.Y. SEPT. 2, 1956

HIS (OR HER) ADDRESS BEFORE MARRIAGE ..... (St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS ..... (St. and Number) (City) (State) (Country)

DATE OF BIRTH JUNE 11, 1930 PLACE OF BIRTH JACKSON TERR. (City) MADISON (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY N/A

CITIZENSHIP U.S.A. WHEN ACQUIRED? BIRTH WHERE? .....

OCCUPATION CLERK LAST EMPLOYER .....

EMPLOYER'S OR BUSINESS ADDRESS ..... (St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM N.A. (Date) TO ..... (Date) BRANCH OF SERVICE .....

COUNTRY ..... DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

.....

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? N/A

PORT OF ENTRY? ..... ON PASSPORT OF WHAT COUNTRY? .....

LAST U. S. VISA ..... (Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE ..... SEX ..... HEIGHT ..... WEIGHT .....

EYES ..... HAIR ..... COMPLEXION ..... SCARS .....

BUILD ..... OTHER DISTINGUISHING FEATURES .....

SEC. 3. MARITAL STATUS

A. SINGLE ..... MARRIED ✓ DIVORCED ..... WIDOWED .....

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS .....

.....

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE ..... (First) (Middle) (Maiden) (Last)

PLACE AND DATE OF MARRIAGE New York, N.Y. SEPT 2, 1956

HIS (OR HER) ADDRESS BEFORE MARRIAGE ..... (St. and Number) (City) (State) (Country)

LIVING OR DECEASED Living DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS ..... (St. and Number) (City) (State) (Country)

DATE OF BIRTH June 11, 1936 PLACE OF BIRTH Tarsia, Pesis (City) (State) Italy (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY N/A

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? ..... (City) (State) (Country)

OCCUPATION CLERK LAST EMPLOYER .....

EMPLOYER'S OR BUSINESS ADDRESS ..... (St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM N/A (Date) TO ..... (Date) BRANCH OF SERVICE .....

COUNTRY ..... DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

.....

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1. NAME ..... RELATIONSHIP ..... AGE .....

CITIZENSHIP ..... ADDRESS ..... (St. and Number) (City) (State) (Country)

2. NAME ..... RELATIONSHIP ..... AGE .....

CITIZENSHIP ..... ADDRESS ..... (St. and Number) (City) (State) (Country)

3. NAME ..... RELATIONSHIP ..... AGE .....

CITIZENSHIP ..... ADDRESS ..... (St. and Number) (City) (State) (Country)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME ..... (First) (Middle) (Last)

LIVING OR DECEASED ..... DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS ..... (St. and Number) (City) (State) (Country)

DATE OF BIRTH ..... PLACE OF BIRTH ..... (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY .....

CITIZENSHIP ..... WHEN ACQUIRED? ..... WHERE? ..... (City) (State) (Country)

OCCUPATION ..... LAST EMPLOYER .....

EMPLOYER'S OR OWN BUSINESS ADDRESS ..... (St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM ..... (Date) TO ..... (Date) BRANCH OF SERVICE .....

COUNTRY ..... DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

.....

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME ..... (First) (Middle) (Last)

LIVING OR DECEASED ..... DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS ..... (St. and Number) (City) (State) (Country)

DATE OF BIRTH ..... PLACE OF BIRTH .....

CITIZENSHIP ..... WHEN ACQUIRED? ..... WHERE? ..... (City) (State) (Country)

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY .....

OCCUPATION ..... LAST EMPLOYER .....

EMPLOYER'S OR OWN BUSINESS ADDRESS ..... (St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM ..... TO ..... BRANCH OF SERVICE .....

COUNTRY ..... DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

.....

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters):

1. FULL NAME ..... (First) (Middle) (Last) AGE .....

PRESENT ADDRESS ..... (St. and Number) (City) (State) (Country) (Citizenship)

2. FULL NAME ..... (First) (Middle) (Last) AGE .....

PRESENT ADDRESS ..... (St. and Number) (City) (State) (Country) (Citizenship)

3. FULL NAME ..... (First) (Middle) (Last) AGE .....

PRESENT ADDRESS ..... (St. and Number) (City) (State) (Country) (Citizenship)

4. FULL NAME ..... (First) (Middle) (Last) AGE .....

PRESENT ADDRESS ..... (St. and Number) (City) (State) (Country) (Citizenship)

5. FULL NAME ..... (First) (Middle) (Last) AGE .....

PRESENT ADDRESS ..... (St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

FULL NAME ..... (First) (Middle) (Last)

LIVING OR DECEASED LIVING DATE OF DECEASE ..... CAUSE .....

PRESENT, OR LAST, ADDRESS ..... (St. and Number) (City) (State) TENN MADISON (Country)

DATE OF BIRTH ..... PLACE OF BIRTH JACKSON, TENN

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY N/A

.....

CITIZENSHIP USA WHEN ACQUIRED? BIRTH WHERE? ..... (City) (State) (Country)

OCCUPATION ..... LAST EMPLOYER .....

SEC. 9. MOTHER-IN-LAW

FULL NAME [redacted]
(First) (Middle) (Last)

LIVING OR DECEASED DECEASED DATE OF DECEASE MAY 1955 CAUSE Unknown

PRESENT, OR LAST, ADDRESS [redacted] TENN MADISON
(St. and Number) (City) (State) (Country)

DATE OF BIRTH [redacted] PLACE OF BIRTH INGLESPORT, N.Y.

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP U.S.A. WHEN ACQUIRED? BIRTH WHERE? (City) (State) (Country)

OCCUPATION NA LAST EMPLOYER

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME N.A. RELATIONSHIP AGE

CITIZENSHIP ADDRESS (St. and Number) (City) (State) (Country)

2. NAME RELATIONSHIP AGE

CITIZENSHIP ADDRESS (St. and Number) (City) (State) (Country)

3. NAME RELATIONSHIP AGE

CITIZENSHIP ADDRESS (St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

1. NAME N.A. RELATIONSHIP AGE

CITIZENSHIP ADDRESS (St. and Number) (City) (State) (Country)

TYPE AND LOCATION OF SERVICE (IF KNOWN)

2. NAME RELATIONSHIP AGE

CITIZENSHIP ADDRESS (St. and Number) (City) (State) (Country)

TYPE AND LOCATION OF SERVICE (IF KNOWN)

3. NAME RELATIONSHIP AGE

CITIZENSHIP ADDRESS (St. and Number) (City) (State) (Country)

TYPE AND LOCATION OF SERVICE (IF KNOWN)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME ..... RELATIONSHIP .....

ADDRESS .....
(St. and Number) (City) (State) (Country)

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT WASHINGTON, D. C. (City and State) DATE AUG 30, 1956

(Witness) Jeanne Foy (Signature of Applicant)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

14.00000

PERSONAL HISTORY STATEMENT

[illegible]

[illegible]

[illegible]

14 00000

[illegible]

FULL NAME

MAIDEN OR PREVIOUS NAME | DATE OF DEATH

[illegible]

DATE OF BIRTH | PLACE OF BIRTH

[illegible]

OCCUPATION | [illegible]

[illegible]

[illegible]

[illegible] ACTIVE U.S. [illegible] SUMMARY SERVICE

[redacted]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 18 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE SEASONAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT [illegible]

[illegible]

[illegible]

[illegible]

16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? (GIVE DETAILS)

No

17. GENERAL QUALIFICATIONS

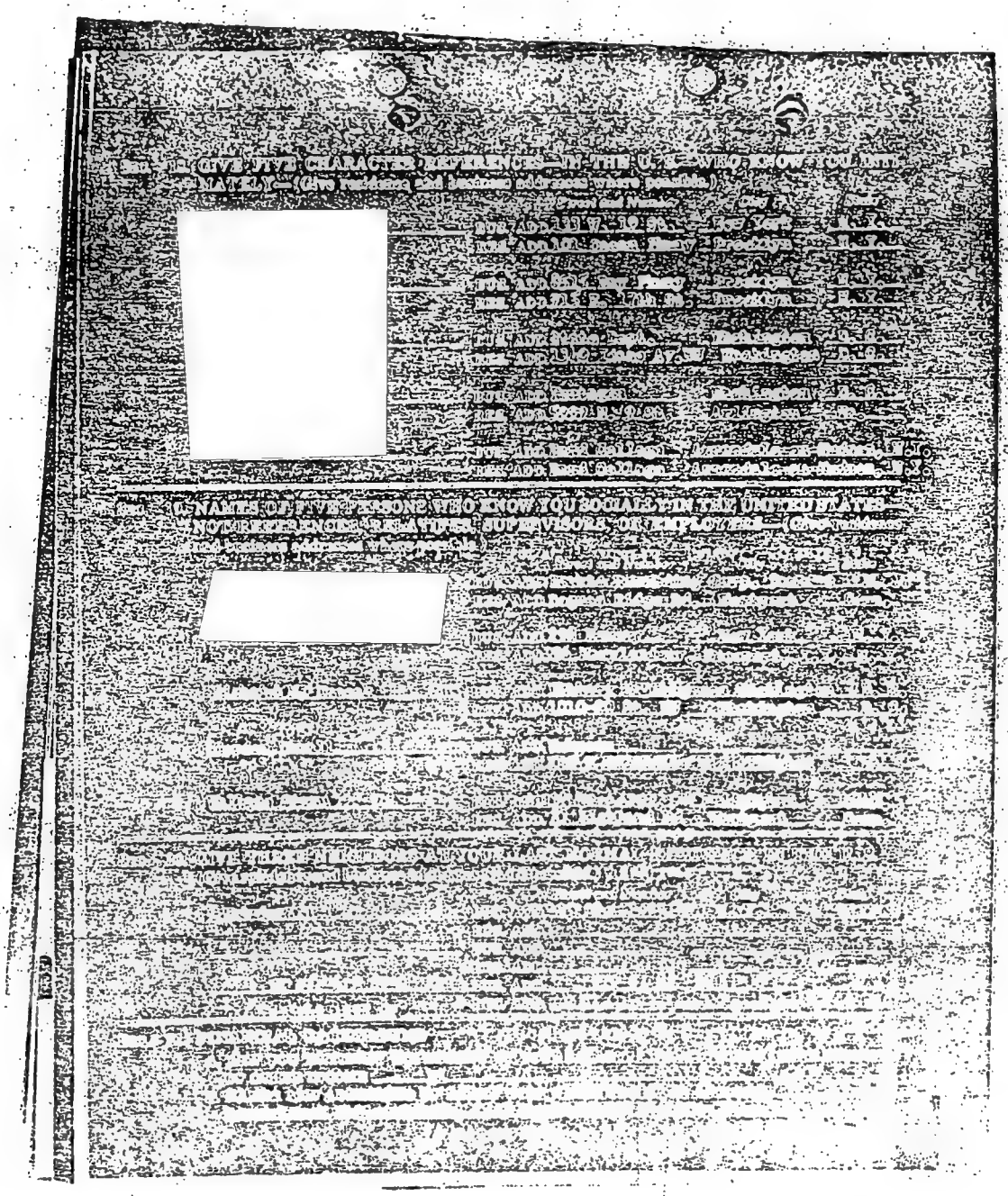
FOREIGN LANGUAGES [illegible]

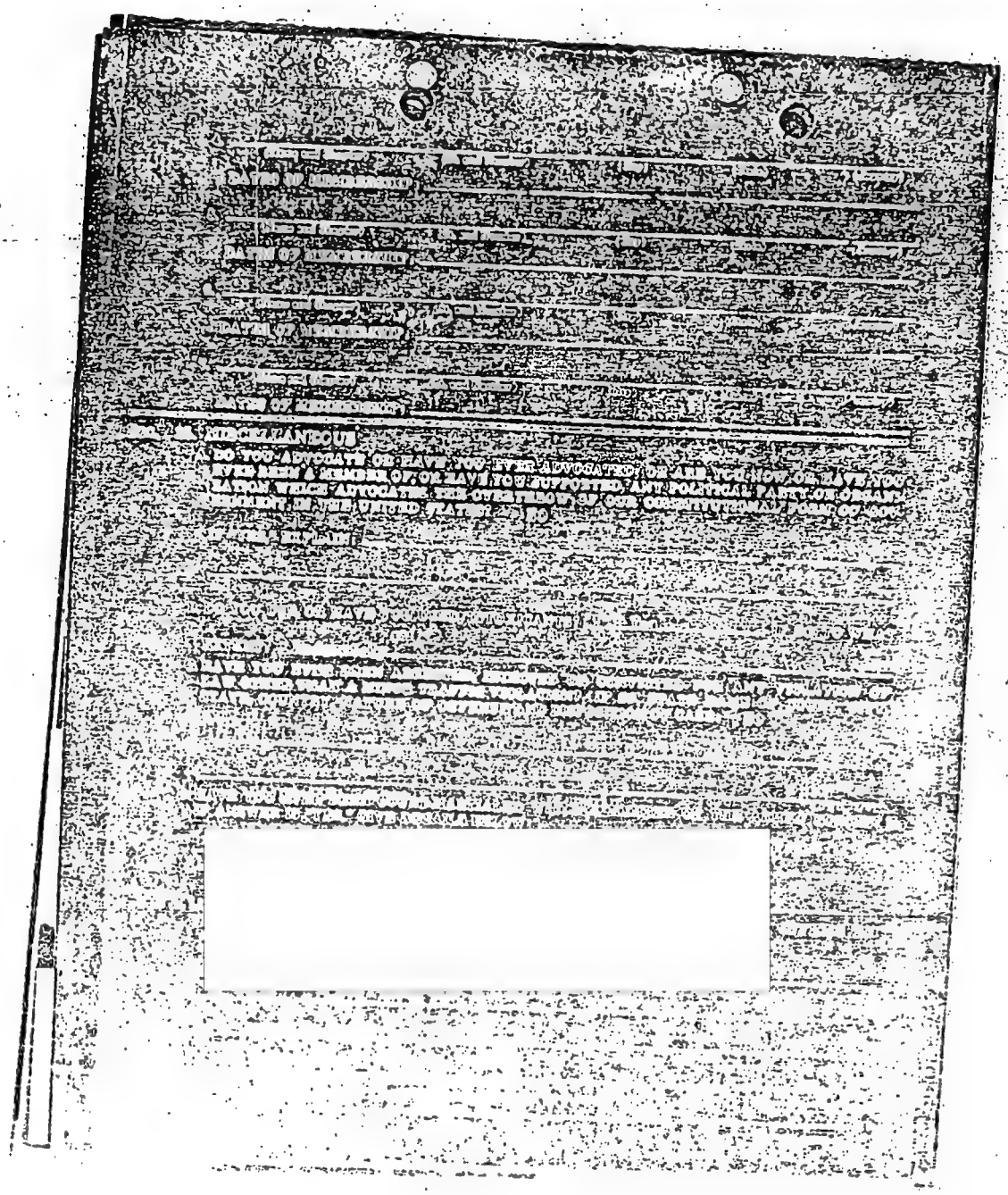
LANGUAGE [illegible]

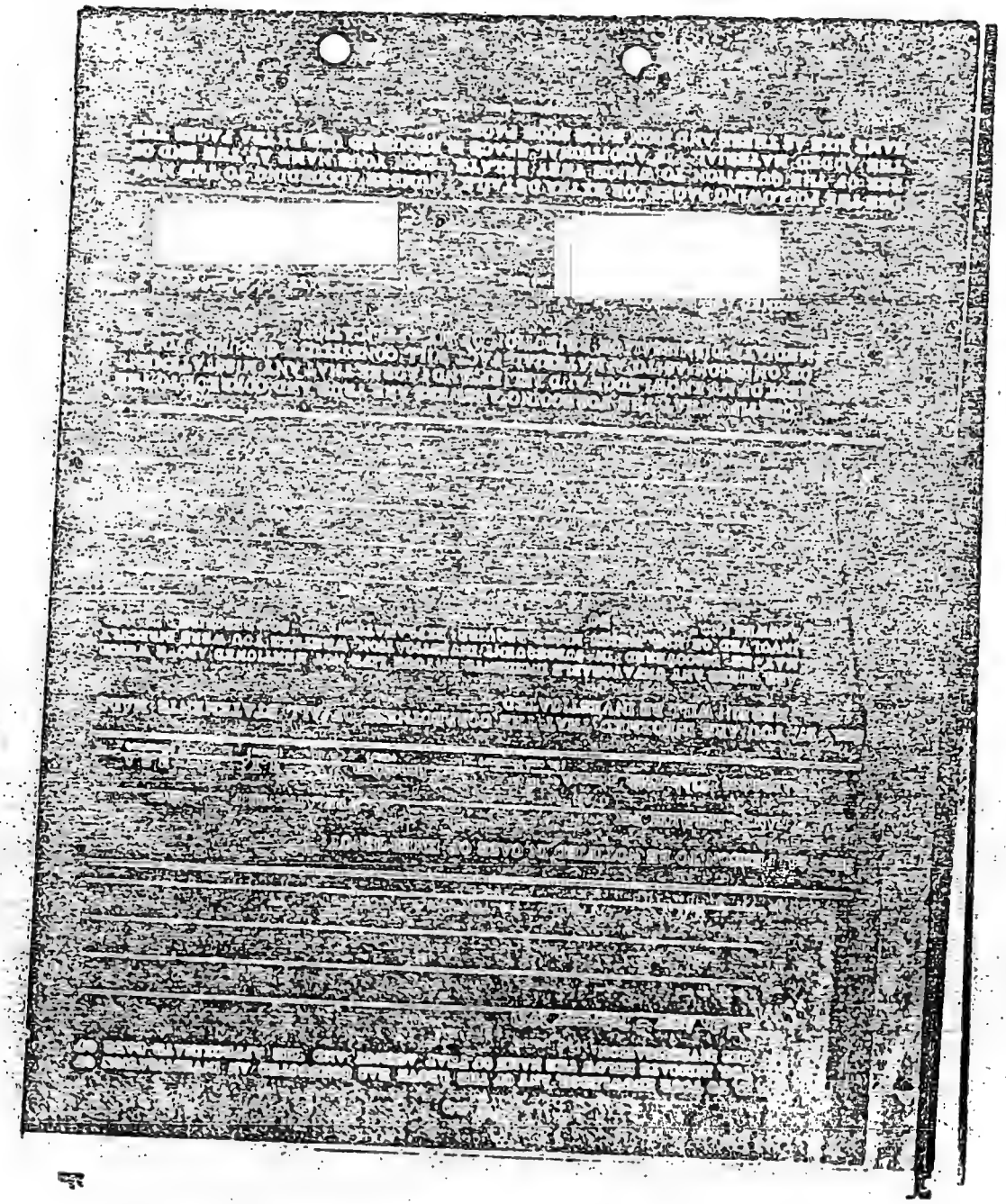
LANGUAGE [illegible]

LANGUAGE [illegible]

[illegible]







Appendix

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

CONFIDENTIAL
SECURITY INFORMATION

SECURITY APPROVAL

Date: 2 August 1955

TO: Chief, Records & Services Division
Personnel Office

Your Reference: SR-9299-A ORR

Case Number: 102815

FROM: Chief, Security Division
Personnel

SUBJECT: FOX, Jerome

1. This is to advise you of security action in the subject case as indicated below:

[X] Security approval is granted the subject person for access to classified information.

[ ] Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.

[ ] The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.

Ernal P. Geiss

Ernal P. Geiss

Branch advised 3/4/55

CONFIDENTIAL

FORM NO. 38-101
FEB 1959

CONFIDENTIAL
SECURITY INFORMATION
INTEROFFICE MEMORANDUM

Date: 27 May 1955

TO: Chief, Processing & Records Division
Personnel Office
FROM: Chief, Security Division
Personnel

SUBJECT: FOX, Jerome - #102815 Request No. SR-9299-A - ORR

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

Ident. Spec. GS-7, DDI/ORR-Office of the Chief, Washington, D. C.

2. This is to advise you of the following security action:

a. [X] Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity:

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. [ ] Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. [ ] Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

Ernst P. Geiss

CONFIDENTIAL